REPORT RESUMES

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CONFERENCE ON ALCOHOL EDUCATION (WASHINGTON, D.C., MARCH 29, 1966).

BY- LEE, PHILIP R. AND OTHERS

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

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PROCEEDINGS FROM A 1966 CONFERENCE ON ALCOHOL EDUCATION ARE REPORTED. THE FUNCTIONS OF THE UNITED STATES OFFICE OF EDUCATION, RELATIVE TO ALCOHOL EDUCATION, AND THE POTENTIAL CONTRIBUTIONS OF THE 1965 ELEMENTARY AND SECONDARY EDUCATION ACT TO INNOVATIVE HEALTH EDUCATION PROGRAMS ARE DISCUSSED. CHANGES IN THE SOCIAL STRUCTURE OF THE UNITED STATES, PREVAILING ATTITUDES AND BELIEFS CONCERNING ALCOHOL, AND THE CORRESPONDING DEVELOPMENT OF ALCOHOL EDUCATION PROGRAMS IN THE SCHOOLS ARE REVIEWED. DATA OBTAINED FROM STUDIES INVOLVING (1) 8,000 MALE AND FEMALE JUNIOR AND SENIOR HIGH SCHOOL STUDENTS, (2) 20,000 INHABITANTS OF AN EASTERN UNITED STATES COMMUNITY, AND (3) PREVIOUS RESEARCH ON ALCOHOL EDUCATION ARE REVIEWED. IMPLICATIONS FOR EXISTING APPROACHES TO HEALTH EDUCATION ARE IDENTIFIED. SUGGESTIONS FOR (1) THE APPLICATION OF ESTABLISHED THEORIES OF LEARNING TO PROGRAMS FOR ALCOHOL EDUCATION AND (2) THE MODIFICATION OF TEACHER EDUCATION PROGRAMS TO INCLUDE PREPARATION FOR THE TEACHING OF ALCOHOL EDUCATION ARE MADE. IN A SERIES OF PAPERS FROM A PANEL DISCUSSION THE PROBLEM OF ALCOHOL EDUCATION IS CONSIDERED FROM THE STANDPOINT OF THE TEACHER, THE ADMINISTRATOR, AND THE HEALTH EDUCATOR. THIS DOCUMENT IS AVAILABLE FOR $0.45 FROM THE SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D.C. 20402. (AG)

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Conference Proceedings

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

March 1966

ALCOHOL EDUCATION

Conference Proceedings

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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THE WHITE HOUSE

Washington

March 29, 1966

I am happy to welcome the participants in Secretary Gardner's Conference on Alcohol Education. I am heartened by your desire to share your thoughts on the need for new and more effective approaches to the perplexing problems of alcoholism.

Education is fundamental in our quest to enhance the spiritual and physical well-being of our society. You have done well to make it the tool of your own efforts to help erase one of society's most corroding infirmities.

This Conference represents a major step forward in this direction. It focuses on a program of alcohol education based on scientific fact and anchored on sound principles and practices.

Your wisdom and counsel will be of immeasurable help in the successful advancement of this goal.

Lyndon B. Johnson

ACKNOWLEDGMENT

The arrangements for the Department of Health, Education, and Welfare Secretary's Conference on Alcohol Education were under the direction of Edward S. Sands, Executive Secretary, Secretary's Committee on Alcoholism.

Special thanks are due to Miss Elsa Schneider and Dr. Herbert Conrad, Bureau of Research, Office of Education, for special assistance and support, and to Mrs. Cecelia Armour and Mrs. Elizabeth Hargett for pre- and post-conference activities.

SECRETARY'S COMMITTEE ON ALCOHOLISM

Chairman: Dr. Philip R. Lee, Assistant Secretary for Health and Scientific Affairs
Executive Vice Chairman: Dr. George Silver, Deputy Assistant Secretary for Health and Scientific Affairs
Executive Secretary: Mr. Edward S. Sands, Public Health Service

FOOD AND DRUG ADMINISTRATION

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Dr. Genevieve Carter
Mrs. Alice Freer
Mrs. Iris Padgett
Mr. Louis Ravin
Mrs. Mary M. Steers

Agenda

SECRETARY'S CONFERENCE ON ALCOHOL EDUCATION

March 29, 1966

TIME:	9:00 a.m.
PLACE:	Department of Health, Education, and Welfare Third and Independence, S.W., Room 5051 Washington, D.C. 20201
CHAIRMAN:	Philip R. Lee, M.D. Assistant Secretary for Health and Scientific Affairs Department of Health, Education, and Welfare Chairman, Secretary's Committee on Alcoholism

9:00 - 9:15 Registration

9:15 - 9:45 Greetings and
Opening Statement

Philip R. Lee, M.D.

Interest and Activities

Harold Howe, II
Commissioner of Education

9:45 - 10:00 Coffee Break

10:00 - 12:00 Alcohol Education -- Historical Development

Selden D. Bacon, Ph. D.
Director
Center of Alcohol Studies
Rutgers - The State University

Clues from Research

Harold W. Demone, Jr., Ph.D.
Executive Director
The Medical Foundation, Inc.

George Maddox, Ph. D.
Professor of Sociology
Duke University

Robert Jones, M.A.
Assistant Director
Center of Alcohol Studies
Rutgers - The State University

12:00 - 1:00 Lunch

1:00 - 5:00 Learning and Behavior--Alcohol Education for What?

Godfrey Hochbaum, Ph. D.
Chief, Behavioral Science Section
Public Health Service

PANEL--Alcohol Education in the School
(5 minute presentation by each member)

Moderator: Herbert Conrad, Ph. D.
Program Evaluation Officer
Bureau of Research
Office of Education

The Teacher

Frances Todd, Ph. D.
San Francisco Public Schools

The School Administrator

C. E. Holloday
Superintendent of Schools
Tupelo City Schools
Tupelo, Mississippi

The Health Educator

Lena DiCicco, M.P.H.
Coordinator of Health Education
Division of Alcoholism
Massachusetts Department of
Public Health

Teacher of Teachers

Robert Russell, Ed.D.
Associate Professor
Department of Health Education
Southern Illinois University

State Education Department

Ruth Byler, Ph. D.
Consultant, Health and Physical Education
Connecticut Department of Education

The College Teacher

Mrs. Doris W. Sands, M.A., R.N.
Instructor
Department of Health Education
University of Maryland

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ALCOHOL EDUCATION CONFERENCE--MARCH 29, 1966

Activities of the Department

Philip R. Lee, M.D.
Assistant Secretary for Health and Scientific Affairs
Department of Health, Education, and Welfare
Chairman, Secretary's Committee on Alcoholism

On behalf of the Secretary's Committee on Alcoholism, it is a pleasure to extend our welcome to you. The members of the Committee will be listening intently to your comments and ideas on alcohol education.

The significance of alcoholism as one of our important national health problems was clearly indicated by President Johnson in his Domestic Health and Education Message to the Congress earlier this month. He said, and I quote:

> The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment. Even with the present limited state of our knowledge, much can be done to reduce the untold suffering and uncounted waste caused by this affliction.
>
> I have instructed the Secretary of Health, Education, and Welfare to:
>
> --appoint an Advisory Committee on Alcoholism;
>
> --establish in the Public Health Service a center for research on the cause, prevention, control and treatment of alcoholism;
>
> --develop an education program in order to foster public understanding based on scientific fact;
>
> --work with public and private agencies on the state and local level to include this disease in comprehensive health programs.

The Department's response to the President is now being brought to completion. When the details are made available, I think most of you will recognize that we are accepting our responsibilities in this field. In general, I can tell you now, the plans for extended alcoholism activities are designed for the more effective stimulation, support and implementation of programs for the control and prevention of alcoholism, and the treatment and rehabilitation of alcoholics.

The interest of this Department in many facets of alcoholism is not new. The Office of Education, the Welfare Administration, the Vocational Rehabilitation Administration, and the Public Health Service, for example, have been supporting and conducting research, training, and demonstration projects. St. Elizabeths Hospital, besides providing treatment for alcoholic patients, includes a broad-based training program for many health professions. The Social Security Administration has established within its Office of Employee Health, Division of Management, the first program in this Department for

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the employee with a drinking or alcoholism problem. To insure safety and efficacy, the Food and Drug Administration evaluates new drugs which are used in the treatment of alcoholic patients. The Public Health Service's National Institute of Mental Health has been the focal point for alcoholism activities in this Department.

I should like to cite a few examples which may help to give you a better idea of the broad scope of these activities.

For instance, studies and projects being supported by the National Institute of Mental Health include long-needed investigations of drinking patterns in this country; research on the influence of socio-cultural factors in areas with different cultural groups; and development of community public health programs for the control, prevention, and treatment of alcoholism. The Institute likewise has responsibility for administering the community mental health center program which will be so important to planning alcoholism control operations at the community level.

Of particular importance have been the two- or three-day conferences supported jointly by the National Institute of Mental Health and various State agencies as technical assistance projects. In such conferences concerning alcoholism, education was given special attention.

The VRA provides opportunities for developing alcoholism programs through Federal and State interagency planning. More and more State vocational rehabilitation agencies are developing services to aid the alcoholic.

Through its cooperative research and demonstration program, the Welfare Administration is supporting an exploratory study on alcoholism and dependency. The 1962 Public Welfare Amendments offer important resources to community alcoholism programs.

The Public Health Service's Division of Accident Prevention supports research to determine relationships between the use of alcohol and accidental injury. This Division has a special interest in driver education programs and particularly what is to be taught concerning alcohol. Your comments will be most helpful to this Division, as well as to the Public Health Service's School Health Section, and to the Children's Bureau, whose representatives are with us today.

Activities like these have provided a sound base for moving ahead into an expanded program of alcoholism activities. A more descriptive account of the Department's alcoholism activities and a summary of resources available from agencies of this Department are described in a publication to become available next month. A copy will be sent to you.

Needless to say, education has already played a role in all these activities, and will play a greater part in the future. Education of health professionals and of people with other skills will be required so they can relate their training and experience to alcoholism and related problems. Education is essential for those who will have responsibility for including alcoholism services within comprehensive health service programs. Education will be extremely important in developing, testing and evaluating the control and prevention techniques we have today, as well as those we will undoubtedly create in the future.

Of most importance, however, is the broad, general problem of alcohol education provided to our children and young people in the over-all school setting. I hope you will address yourselves to the significant questions of what should be taught and how it should be taught, who should do the teaching, and how should the teachers be trained?

This is the matter of prime concern to those of us who are doctors, health workers, educators, and Government officials--and to those of us who are parents.

Today we will be focusing attention on these questions. We look to you for your expert advice and guidance.

ALCOHOL EDUCATION AND THE PROGRAMS OF THE OFFICE OF EDUCATION

Wayne O. Reed *

I speak for more than myself when I say that the Office of Education considers itself a staunch ally in the effort you represent here today. I want you to know that the Office is only too glad to cooperate in supporting this conference, and I hope that our discussions will give all of us a fresh perspective and a new resolve.

As I think about this business of attacking alcoholism and intemperance from the side of education, I remember Herbert Spencer's idea about what knowledge has most worth. Spencer grouped the main activities of human beings under five headings, and then arranged them in the order of what he considered to be their importance. What did he put at the top of the list? He put those activities which directly minister to self-preservation. Above all, Spencer said, man needs knowledge to guard himself against the incapacities and the slow annihilation that his own bad habits bring him.

Aware of the rightness of Spencer's argument, the Office of Education long had on its staff specialists in health and safety education. True, we did not often single out for particular emphasis the problems of educating the young about the effects of alcohol; but this is not to say that we ignored those problems.

I use, you will notice, the past tense. I use it deliberately, for I want to speak briefly of the principal ways in which the Office of Education, until just recently, expressed its interest in alcohol education.

For many years our staff of health educators made themselves generally useful. They ran a clearinghouse of information for State departments of education and professional groups--for anyone in fact who asked us about what was being done around the country to teach the facts about alcohol. They also served on interagency committees in the Federal Government and were consultants to scores of conferences.

In all of their activities these staff members of ours consistently made the point that the more we know about the growth of the human personality and the more we learn about mental health and about alcoholism, the more we see responsibilities falling on the shoulders of education. To the efforts of these members of our staff I think we can credit a great deal of the growing realization across the land today that the schools bear a heavy responsibility for waging a preventive war against the misuse of alcohol--a war they can wage not only by giving our children the hard scientific facts but also by engaging them so deeply in soul-satisfying interests that, when they are grown, they will not even think of turning to alcohol as a way of coping with their problems.

States do differ in the emphasis they place on alcohol education in the schools; but according to the latest report compiled by the Office of Education, all States but two have come to the point where they require, in their laws and regulations, some alcohol and narcotics education in either the elementary or the secondary schools--or in both.

So much for the past.

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*Associate Commissioner for Federal-State Relations Office of Education, substituting for Harold Howe, II, Commissioner of Education.

The most exciting things I can tell you today have to do with the opportunities of the future. These opportunities are implicit in the new Federal programs for education--programs which are gradually changing the services that will be available to you from the Office of Education. In the future we will be less likely to give you consultant and advisory services and more likely to give you financial support for programs of your own devising.

One reason for this change grows out of Title V of the Elementary and Secondary Education Act of 1965. This is the title in which the Congress clearly asks State departments of education to improve themselves, and offers to pay part of the costs of the improvement. Although of all the titles it calls for the smallest appropriation (this year it has 17 million dollars), it holds within it the secret to the success of all the others.

This title got into the act because the Congress recognized that local school, as it grows and gets more responsibilities, needs more and more leadership from its State department of education. Through this title the Congress spoke up for the pre-eminence of the State in the intergovernmental partnership for education. It spoke up for the fact that the State, even when it delegates authority to that extension of itself which is the local school board, does not in truth give up any of its ultimate responsibilities either for quality or for equity in education.

This is the agency, you see-the strong State department of education--to which the Office of Education will be relinquishing a good deal of its specialist-consultant functions. There is logic in this change: the State agency is closer to the schools than we are; it is therefore in a position to exert leadership within the framework of the State's special needs and the needs of each community.

Having relinquished a goodly share of our consultant function to the State agencies, what then will we have for you? We have so much that I scarcely know where to begin. Because my time is short, let me stay with the Elementary and Secondary Education Act. And I'll begin at the beginning, with Title I.

Remembering, as you no doubt often do, that the intemperate use of alcohol is often related to other social problems, you will see at once that Title I is pertinent to the problem we consider today. Title I is intended as a weapon against poverty. This year it will put at least 775 million dollars into schools in every one of the States on the basis of the number of poor children they have. The poorest of the poor, for the law has us count only those children in families with incomes of less than $2,000--and children in families getting aid under the Government's program for dependent children.

Any program that does what Title I can be used to do--to strengthen the tie between school and home, to give guidance and counsel to children and parents, and to work at removing such degrading conditions as poor schools and poor recreational facilities--any program like this is bound to be an attack on the problems alcohol can make. Bear in mind that Title I requires the school to work with the community. The school--as it makes new and special efforts in behalf of its educationally disadvantaged children--is asked to coordinate those efforts with the community's program for helping the poor to help themselves. In this combining of school and community efforts to get at the root of our social problems, we can see an opportunity to get a good job done of bringing the facts about alcohol to both children and adults.

Title II, I will pass over quickly. To people like yourselves, who know how much we need good instructional materials of all kinds, it is enough to say that Title II makes available 100 million dollars this year to buy library books for the schools. And not library books only, but textbooks, magazines, tapes, films, phonograph records--any kind of instructional materials we can use to develop positive attitudes in our children, give them the facts in dramatic ways, and awaken their interests in the world about them and in the people of that world.

Before I mention Title III, I would like to refer to a study which many of you know about--a study carried out two years ago in two communities in Mississippi. The State department of education and the State university in that State, with a grant from the National Institute of Health, joined to find out what drinking habits teenagers had, and to find out what in the community had encouraged or restrained these habits. The researchers found many social factors in the drinking habits of these youngsters--so many, in fact, that they were led to make an inference. They inferred that since society had so much to do with the drinking habits of young people, society was the logical instrument for controlling and guiding those habits. In other words, they inferred that the best job of teaching the proper use of alcohol could be done if the whole community--parents, schools, churches and other institutions, even the teenagers themselves--put its collective wits and ingenuity to work.

In this inference I find particular reason to mention Title III, and I'll leave the possibilities to your imagination.

Title III provides $75 million this year for an innovation that promises to be one of the most exciting developments in American education. It recognizes the fact that school is not the only place where children learn, and it calls on the schools to enter into close relationships with other community agencies--to draw on the resources of industry and science, of labor, of the arts, and especially of the home.

It is not easy to explain the function of something as new as these centers are, but we can certainly think of them as meeting three needs. First, they will supplement the programs and facilities the schools already have. Second, they will stimulate the schools--and the people who support the schools--into enthusiasm for providing the very best in educational opportunity. Third, they will make experimentation and innovation an integral part of the educational system.

Under the provisions of Title III, the local public schools, working in cooperation with the rest of the community, are determining the kind of centers they will have and the kinds of services they will supply. Within our conception of what this title provides for, there is room for all kinds of activities and studies that will be antidotes for those noxious influences in our society that poison the lives of so many people.

A logical companion to Title III is Title IV--especially that part of Title IV which authorizes as much as 100 million dollars over the next five years for regional research laboratories--laboratories that will work exclusively on the problems of education. We hope eventually to see a network of about twenty of these laboratories spread over the Nation. Each will bring together university scholars, public school people, people in State departments of education, and representatives of business and industry.

Each laboratory will not only do research and experimentation, but will test its findings in the schools of the region. In other words, the researchers will work hand-in-glove with teachers and other school officials, both State and local.

Steps have already been taken toward establishing nine of these laboratories. One of them, it seems to me, might well be working on social problems like the one that brings us together today. Neither the Office of Education, nor any other agency of the Federal Government will be telling these laboratories what to work on; that's up to them and the people in their regions. I venture to suggest that you make it your business to see that alcohol education gets attention here.

As a matter of fact, all of Title IV is a series of amendments to the Cooperative Research Program, which the Congress authorized back in 1954. The program has expanded over the years, but to the best of my knowledge no project related to alcohol education has ever come under its tent. I would like to say to you people that you are in a strategic position to alter this fact. I would like to say that you are in a position to suggest to colleges, universities, State departments of education--in fact to any non-profit agency--that they come forward with some first-rate (and I mean first-rate) proposals for inquiry into the problems of educating people to be temperate. The Bureau of Research in this Office will welcome such proposals; and they will have good prospects for getting Federal support.

Well, it's quite a rich mine, is it not? The richness of it is apparent even on the surface. I propose that you do a bit of prospecting. We, for our part, stand ready to cooperate with you in every way possible, I assure you!

EDUCATION ON ALCOHOL: A BACKGROUND STATEMENT

Selden D. Bacon, Ph. D.*

In the past 5 years we have all read so much in the newspapers and heard so much via television and radio about education and youth and various problems that it seems I should really have some novel and insightful message. I think what I have to say is at least different in its general tone, but I must admit that my reading or listening about bright children and drop-outs, about new, newer and newest mathematics, about buses, teach-ins, sex, and post-natal typewriting has not given me sufficient confidence to give you a new paragraph, let alone a whole speech, on my ideas on startling new concepts in education. In fact, I am largely unconcerned about any new concepts in education as they may relate to the subject of alcohol. It might be intellectually stimulating to consider some new concepts in relation to this subject matter, but I happen to feel that it would be limited to an intellectual exercise--and a rather esoteric pastime at that.

Let me explain this apparently cavalier attitude. It stems, not from notions about educational purposes, conditions, techniques, structure and the like, but from notions about the phenomenon of alcohol and alcohol use, above all it stems from my perception of how a great many categories of people in our society think and feel about alcohol and alcohol use.

It appears to me that thinking and feeling about alcohol and its use were channeled, so to speak, into one of two or three closely related pathways. These pathways were pioneered more than 100 years ago, were well established between 1860 and 1890, and were so magnificently entrenched in the following 50 years that they became almost the only modes of thinking and feeling available to individuals and almost certainly the only modes available to organized groups. As I shall later on indicate in some detail, they were frightfully narrow pathways. They were also pathways characterized by such powerful and organized feeling that it was extremely unlikely that any variation could be attempted, let alone be adopted, by any significant group or institution. As examples, let me suggest such fields as health, law, education, research, welfare and religion. Many changes in those areas rather obviously took place between 1860 and 1940. However, changes in thinking and feeling and action and organization about alcohol and its use as they applied in any of those areas were practically non-existent. As a result, attempting to activate techniques, philosophies, organizational procedures and the like of a 1940 or 1960 type in education (or indeed in any other field) in terms of alcohol phenomena was somewhat like putting radar or air-conditioning on oxcarts or pumping high test gasolene into the ox.

So, I hope it is understood that I am not castigating modern educational theorizing or practise. It may well be wonderful. But whether wonderful or not, it is not particularly pertinent to this problem. But I do feel that education as a process is quite relevant to the phenomena of alcohol-use--in fact; rather more pertinent, in my undoubtedly biased scheme of values, than it is to tennis playing, group singing, the language of France, geology, or wood carving.

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*Professor of Sociology and Director of the Center of Alcohol Studies, Rutgers -- The State (New Jersey) University.

Therefore, I will adopt a very old-fashioned way of thinking for my discussion of alcohol and education. However, I want to interject one more general introductory note. Those three deeply entrenched, narrow, and militantly defended pathways of thinking and feeling about alcohol and its use, those pathways which for practical purposes were the only pathways from about 1870 to 1950,--their strength began to deteriorate in the 19 forties and by today they are in a state of disarray, of less power either to enthuse those within or to punish those without who happen to be concerned. I do not state that new pathways have emerged. But I will state that felt needs for direction and for action in the general area are as great as ever, if not even greater. I am suggesting that we are in a period of flux. The old techniques and propositions and programs are deteriorating and unattractive. The needs are at least as great as ever. Variations and thrashing around are the rule. No new guide posts or programs have been generally adopted. Most of the new proposals, as is usual in such a situation, are not particularly effective. And as certain innovations are heralded or tried and as they prove inadequate or ineffective, there is a natural tendency to run back to the old pathways; even though at best they are blind alleys, they are familiar blind alleys. In this situation of need, of non-satisfaction, and of greater freedom to try out different approaches, it should hardly surprise anyone here that the field of education should be invaded by the would-be innovators. Health is the social area or institution in which the action has been most noticeable. One or two areas of law enforcement have shown changes. Research has shown some limited change. And one or two large, organized religious groups have been consciously groping for new understanding and policy. There should be no surprise that we are here today. So, I will move on to my rather simple and old-fashioned presentation about education in a subject-matter area which was so long in a narrow, rigid and emotionally powerful pathway of thinking and feeling and which is today in a position of flux.

I will state that education at a minimum must consist of (1) a teacher or communicator, (2) a message or communication, (3) of a pupil or communicatee, (4) the process taking place in relation to a social setting, (5) there being some notion of purpose in this instigating and maintaining the process and (6) there being some relevant, measurable change in at least some parts of the whole. Remembering these 6 points--communicator, communication, communicatee, social setting, purpose, and effects, I will try to provide a background for the current situation of flux in the matter of formal education and alcohol use.

I will start with the relevant social setting which obtained in the period 1830-1870, the time during which the dominant pathways of feeling and emotion were developed. Between 1790 and 1830 there is clear evidence of widespread concern about what are called problems related to use of alcohol. National organizations were developed. Farm groups, business groups, religious organizations, legislatures, physicians and others were developing ideas, programs, and group structures all directed towards combatting problems related to alcohol use. It may not surprise you to learn that these groups were not in agreement, that they felt dissatisfied with results, that they attached failure of their programs to reduce alcohol problems to all sorts of other groups which they disliked on other grounds, for example, those of different national background, of different religion, of urban vs. rural characteristics, of youth, of money makers and so on, and that their differences led to out-and-out conflict. This conflict was almost entirely resolved by the 18 forties with what may be called the victory of one of the factions. What is surprising is that this victory was to last for more than 100 years. The philosophy and program of this faction came to dominate the thinking and feeling about alcohol beverages and their use throughout the society. Principal symbols of the victorious movement at the time of its emergency might be described as follows. (1) In terms of the nature of the problematic substance, there had been disagreement as to whether distilled spirits alone or all alcohol beverages were the problem--the second position became dominant. (2) In terms of religious belief and interpretation there had been disagreement as to the position of the Bible; the new position was clarion clear: whenever the Bible mentioned alcohol, the reference was negative and hostile; the apparently favorable references in the Good Book always involved unfermented fruit juice. (3) In terms of tactics, voluntary decision for abstinence and consequent presentation of abstinent models to others (along with exhortation to abstain) was to become secondary to indoctrination and to the imposition of punitive sanctions for the failure to abstain. (4) Also in terms of tactics and strategy, legislative action against alcohol, followed by strong enforcement, was to be at least as important as educational action. And, (5), in terms of education, legislative action to guarantee all-inclusive educational activity of the preferred type was to become of paramount importance.

It is difficult to communicate adequately the enormous success of this venture. Its organization, its leadership, its resources, its scope, its vitality, its ingenuity and persistence were of the highest order. As of today, all too many persons are inclined to measure its success in terms of the passage of a single law, the 18th amendment. Although an important reflection of its power in the legislative field, this one item is hardly an adequate measure of the Classical American Temperance Movement. Above all, that Movement influenced the thinking and feeling of the whole society about the use of alcohol and did so in dominant fashion. This would have affected the institution of education in any event; with the heavy emphasis placed on educational activity by the Movement its impact in this area was striking.

The philosophy of the Movement in relation to alcohol and its use is of cardinal importance for appreciating our position today. I will give a 6 point outline of that position--my own interpretation, not the Movement's--and will then sketch the three major pathways or viewpoints which seem to comprise the dominant modes of thinking and feeling about alcohol use as it relates to educational policy and action.

1. The use of alcohol inevitably leads to individual and social deterioration and disaster.

2. Alcohol is evil: spiritually in terms of sin, physiologically in terms of poison, legally in terms of crime.

3. Conversely, alcohol serves no useful functions. All the arguments presented in its defense such as jollification, a source of tax income, medication, family unification, or anxiety reduction for the individual are readily shown to be not only extremely weak in that alcohol is always at best a second or third rate means for achieving such purposes, but in addition, it is well known that alcohol inevitably creates the exact opposite of each of these goals, i.e. remorse, extraordinary government expenditure, disease, family disruption and extreme anxiety.

4. If there is less alcohol, there will be less use. If there is less use, there will be less deterioration, disaster and evil. As "less use" approaches the position of "no use," an enormous scourge to civilization will be removed.

5. Therefore, every attack possible must be leveled against the availability of beverage alcohol. This will be done, first, by legislative elimination, and second, by educating people, above all youth, to hate and fear alcohol. More special targets of attack will be those who produce and distribute alcohol and also those who seem to use alcohol without problems and thereby serve as peculiarly insidious models to others.

6. Finally, it should be noted that one word covered the whole insofar as people were concerned--that word was drink or drinker or drinking. All drink is the same. All drinkers are the same. All drinking is one and the same thing.

Naturally, this is a brief and oversimplified description of the philosophy and program. However, I will turn to the three pathways which stemmed from this Movement. One, of course, was that adopted by the members of the Movement. The second, sometimes labeled as the program of the Wets, was a defensive posture which largely consisted of denials of the Movement's position and of a series of tactics to block or weaken the Movement's program. It hardly could be said to have a positive philosophy of its own, certainly none that went beyond its own survival.

The third category, and in terms of numbers it possibly was always the largest, and probably was enormously so the past 40 years, consisted of people who also adopted a highly defensive position and, even though quite unorganized (except for sporadic moments) were usually negatively oriented towards both the other positions. That is, even though thousands of them voted against Prohibition, they were hardly registering for some vague wet philosophy. That is, even though thousands of them would on other occasions vote against some part or all parts of the availability of alcohol, they were not voting for the Movement.

This category is of major importance for an understanding of the social setting in which education is to occur, for understanding the message to be communicated, and for understanding the purpose ascribed to the activity. I am uncomfortably aware that many to whom I am communicating will feel that I am mounting a great attack on the Drys. I can only assert that I am attempting to do something very different. I don't think there are too many Drys of the classic type still existing who exert much influence. My target is this third category as it exists today. It so happens that this group, perhaps unconsciously, is the chief inheritor of the old Movement, more significantly so than the newly emerging temperance groups. It is this large and influential category which is important for educational activity today. But to understand this group it is essential to understand their attitudes and feelings. Their attitudes and feelings, as I see the situation, stemmed directly from the Classical Temperance Movement and from reactions to that Movement.

First, it is important to note that although there are three positions, there is only one philosophy. Both the so-called Wets and also those here described as unaligned largely accepted the major positions of the Classic Temperance Movement; in one instance they denied those positions and in the other instance they tried to avoid those positions, but the Classic Temperance Movement was the only available guide and only available target, so to speak, for thinking and feeling.

For almost 100 years this was the only position; it was a monolithic, multi-concerned, and jealously protected position. If there were physiologic questions, the Movement provided physiologists, systems of physiologic explanation and the necessary means for dissemination of that sort of understanding and knowledge. If there were theologic question, the Movement provided theologians, church structures, and the means for dissemination. If there were legal or political questions, the Movement provided the leaders, the specialists, the answers, the structures and the dissemination. And, of course, in education the Movement provided the message, the teachers, the teaching materials, the educational policy, and also the motivated lay groups to vitalize and expand the educational program and to keep it in touch with the appropriate science, information, religion and law. If there were alcohol related sicknesses, the Movement provided the philosophy, the workers, the hospitals or other facilities. Likewise for problems and questions dealing with automobile accidents and alcohol, alcohol and indians, alcohol and youth in military service, and so on.

It did all this with sincerity, fervent motivation and magnificent organization, the latter ranging from the smallest hamlet to state capitols to Washington, D.C. and on through international machinery to the world. It worked with tiny tots, with millionaries, with recovered drunks, with politicians, with all professions, with housewives, with newspapers and on and on.

And it was a jealous and super-sensitive movement. It could brook no disagreement. Opposition, of course, was a different matter. In fact, the classic Drys had a deep need for both drunkards and also for Wets. What it could not tolerate was competition. There could not be a science or a medicine or a legal philosophy or a theology or an education or a reform movement of any sort which was concerned with alcohol or problems of alcohol unless it agreed with the Movement. Whether planned or not, this posture was activated with great success. If there were individuals or small groups who had ideas or programs which did not accept the Movement's basic tenets, they experienced short, unhappy, and fruitless careers in the alcohol field. They were forcefully attacked by the Movement. To add to this short, unhappy and fruitless life, such innovative persons and groups were also attacked by the Wets: members of that small but highly motivated group had fully accepted the Movement's position and definition at least to the extent that they felt that anybody concerned with alcohol problems must hate them, the Wets.

But the most awful blow felt by such innovators was from the unaligned groups and persons. What seems to have happened was something like this: to some extent by 1900 and by 1925 to a very large extent, the Movement had become rigid, massively powerful, and apparently quite unresponsive to almost all major changes going on in our society. Furthermore, the strongest possible emotions were constantly being elicited whenever the subject of alcohol use was discussed. Love, hate, social status, religious conflict, property interests, ethnic rivalry, political warfare, personal and group morality, and the like were almost automatically triggered into action when any aspect of alcohol use, even the most ephemerally related matters, were discussed. And the full force of attack or of defense was brought into play on even the most minor confrontation. One increasingly popular reaction to this emotional violence was retreat, escape and avoidance. A special pathway of avoidance, which allowed the avoider some ego-satisfaction, was the response of ridicule, jokes, and negative stereotyping, happily directed against drunks, drys, bootleggers or any other alcohol subject, including alcohol use itself. As various institutions and groups were developing 20th century philosophies, modes of organization, training of new members, material devices, types of procedure, service and dissemination of information in whatever their area of action might be, they sharply cut themselves off, in theory and in practice, from anything to do with the field of alcohol problems. Scientists, unless associated with the Movement, did not study; and, if associated with the Movement, their studies in this field seemed noticeably less scientific. Physicians avoided the area as did their training schools. Hospitals refused admittance. Social work and welfare agencies avoided such clients. Personnel officers in industry were blind to such problems. But this avoidance reaction went far beyond such named institutions. Ordinary individuals and families did not wish to recognize these problems, did not wish to be labeled Wets or Drys or, in fact, to be considered as having anything to do with the matter.

But there were massive, intensive and extensive, problems. Either the least powerful groups were forced to undertake some responsibility, e.g. policemen and workhouses, or representatives of the Movement took over, whether in missions, in special church groups where the majority of the denominational membership wished to avoid the matter, or in formal education. And as the institution or group was larger, busier, more rapidly growing, the more it wanted to avoid this distasteful field. The private foundations, the major governmental departments, the armed forces, they all wanted "out". The result, of course, was that change in thinking, procedure, organization, training, information, feeling, tone, service and the like was beautifully blocked. The field became, so to speak, archaic.

In education you all know what happened. The subject matter was isolated. The Movement had legislation commanding education on alcohol and so, if it was not possible to forget the legislative command, representatives of the Movement came in as communicators or the professional teachers gave out some version of the Movement's always available communications. The teachers and their administrative superiors, unless devotees of the Movement, had as a major motivation, the avoidance of trouble (unless they were in a community dominated by the Movement). The message they had to communicate was perfectly clear: Don't Drink. The administrators and teachers probably sensed that many of the students did drink and that most of their parents did likewise and two/thirds or so of the students soon would drink even if they didn't do so at age 15 or 17. Furthermore, they sensed that the parents and various leaders of the community would for obvious reasons punish them if they said that drinkers and drinking were evil and also sensed that the same categories would punish them if they said that drinkers and drinking were good. These, of course, were the only two positions available--this dualistic thinking was part of the bequest of the monolithic Movement. The purpose of the educational actors was probably best expressed in terms of various types of avoidance: first, avoid the whole matter if possible; second, delegate whatever has to be done to someone else, not professional educators; third, if one has to do something one's self, then adopt the Movement's philosophy insofar as teen agers are concerned--that is, teach the philosophy of Don't Drink but restrict its application to students. But above all, if one has to act, get it over and done with. And this philosophy fitted the social setting pretty well.

Two things upset this particular form of avoidance. One of them was the increasing sophistication and professionalization of the educational world. This resulted in growing recognition of the archaic character of the Movement's message. In some ways the officers of the Movement realized this and tried, sometimes quite effectively, to modernize the appearance of the old message. However, the message was of such an archaic vintage that it didn't really suit the new bottles at all. The other trouble was that alcohol "problems" (whatever that may mean) were at least as severe and extensive as they ever had been and were in addition far more noticeable, if, for no other reason, because changes were occurring in almost all the other massive problem fields leaving this category ever more obvious.

Please note the quite different purposes of the educational process as incorporated by the Movement and as incorporated by many school systems. The message remains as "Don't Drink". Its effect has probably never been measured. In terms of the manifest purpose, the effect has probably been limited to reinforcing the abstinence commitment of those already committed to abstinence primarily through non school channels. Other effects may have exacerbated confusion, guilt feelings, feelings of the naughtiness-character of drinking, avoidance feelings and actions, ridiculing responses, but they may have had little effect of any sort. I don't believe anyone knows and surely this is the sort of knowledge which almost all would like to avoid.

But there are some thrashings around, some variations and criticisms in the educational field. I will mention some of them. Most obvious perhaps is the assertion that there are very real problems, that the only serious long term answer will be through education and that the schools should play an active, leading role and should start right now. Don't think for a moment that this is a call coming from illiterates, villains, people of no influence and fools. Quite to the contrary. And this is a very natural position. Remember, there is one philosophy, one set of goals, and one tradition. If you ask such persons the specific questions--what message do you wish the educator to communicate, how will this message fit with the social setting and so on--, they may look at you as if you were off your head. Nor do they wish to pursue any such discussions.

A second approach is to pursue avoidance on a very sophisticated level in terms of educational problems, e.g. (1) the Schools have such enormous problems in other areas, (2) the Schools are asked to teach special subject matter by every known pressure group, (3) there is a philosophical question about teaching morality in the Schools which hasn't been resolved and until it is resolved, why take the most moralistic of all questions and create more havoc than ever, (4) isn't this a family-church-community problem which those groups are trying to foist off on the schools and so on. If stated with sufficient tact, conviction, and appropriate symbols, this approach is quite successful in achieving avoidance. Obviously, it has and could have no other successful outcome.

Another set of answers has proven more satisfying to some professional educators. Some excellent, modern, well organized materials are presented in whatever is the currently approved method of communication--discussion groups, films, experiments, lectures, etc.--on the metabolism, physiology, biochemistry or biology of alcohol. The educational rationale is splendid. And this subject matter clearly is related to the subject of alcohol and its use. Similarly, an exposition of the nature of gasolene has a relationship to driving a car and the nature of cat guts has a relationship to playing tennis. What we have, of course, is a really sophisticated avoidance of the problems, dressed up with science and pedagogy of the most modern type. And everybody has gotten off the hook.

Another ploy of the same character is to have students learn all about the state law which deals with the availability of alcohol. Only if the students are sufficiently naive to believe that availability is equated with problems can this do any harm. Ordinarily those students coming from families favoring the Classic Movement believe this fallacy anyway and the others are probably not harmed particularly. It is doubtful that the teachers will point out the irrelevancy of these laws to any primary alcohol problems.

Another very popular ploy in some circles in the last 10 to 15 years is to give educational effort to the subject of alcoholism. Again, driver-training courses may give tables showing the possible effects of various concentrations of alcohol on eye movements or muscular dexterity. All of these variations either avoid the major subject with real efficiency, or whether consciously or unconsciously, are used as a vehicle for communicating the message of the classic movement.

Then there are the more strictly pedagogical administration questions: should one teach this material (never quite defining what it is) in one course or several courses, at the 6th, 9th or 11th grade levels, with specially trained teachers or not, and so on?

More recently, whether seriously, partly seriously, or with tongue-in-cheek I don't know, the position has been raised that all children should be taught how to drink and that the Schools should play a leading role in this endeavor. I can think of various ways of avoidance of the whole which are considerably less sophisticated. It is perhaps indicative of the current situation of flux that so much publicity was given this idea: the range of talking, so to speak, is more flexible than 20 or 30 years ago.

What is the message which I am attempting to communicate to this group? It is a sort of socio-historical introduction to the subject of education and alcohol. It attempts to indicate the influence, perhaps I should say for this decade the crucial influence, of the nature of beliefs, of attitudes, of traditional ways of behaving vis a vis alcohol, its use, alleged problems, and modes of reaction to such problems.

I am stating that this area is to be defined in a highly particularistic way, following upon a unique history. I am stating that this unique, particularistic development has had direct effects on our definitions of the subject matter, on our purposes, and on our methods of communication.

I am stating that the rigidity, narrowness, isolation, emotionality, jealous hostility and enormous power of the Classical American Temperance Movement even 30 years after its organizational decline is still largely determining the scope, emotionality and nature of our rather disorganized and easily distracted attempts to rationalize an educational response to this obviously significant aspect of individual and social life.

I do not suggest that there are easy answers. I am strongly calling for an analytic view on every proposal in terms of the question "is this proposal basically or in large part a newly dressed-up technique for following one of the three old pathways, i.e. the old Temperance position, denial of that position, or avoidance of the whole"?

As a social scientist I will have to reject the adequacy, the applicability, the reality, the usefulness, even the minimal viability of the philosophic position offered by the

Classical Temperance Movement for our current world. I can sympathize with its motivation and I can admire its extraordinary history as a social movement, but that position, at least as I described it, is just not sufficient and in many ways creates more problems than it resolves. Its fundamental message, Don't Drink, is obviously out of place in a drinking society. Its monolithic, single-minded, emotional and negativistic characteristics are out of place in a pluralistic, professional and change-minded society. Its over-simplification of the relevant phenomena, of the problems, of answers and, of evaluations, its personalization and argumentative approach, all these are strikingly out of place in America in mid-20th Century. And just exactly these same criticisms apply with the same strength to the two major off-shoots of that Movement, namely, the Classical Wets and the Unaligned Avoiders.

Today, there is emerging, I believe, a new temperance movement. I think I see very real changes, positive changes, in that development. The Classical Wets, primarily the alcohol beverage industries, also manifest changes in some ways in some areas. It may well be that the largest group, the "avoiding non-aligned," are in fact more influenced by that old movement than either of the others.

If we are to make progress out of that old sterile battleground and its rigid patterns of thinking and emoting, whether in education, legislation, health, or other area, our first step may well have to be a definition of what it is we are exercized about, what our purpose in education may be, to whom are we directing our message, how does it fit with the relevant social setting, why we choose this or that type of communicator, and finally how are we going to measure the effects of whatever we try to do. After we have one or more viable statements on these levels, then it will be practicable to talk about methods and timing and structuring and orientation and style of the educational process.

I will conclude on an optimistic note. I think that positions other than that of the Classical Movement are available. I think that goals other than that one goal of the Classical Movement, goals on which workable consensus can be achieved, are available. I think that formal education has a useful role to play compatible with those goals and also compatible with goals of professional educators. I am happy to report my opinion that the classic Wet movement and the classic Dry movement are no longer monolithic power blocks stifling all change and all effective action. Contrary to much opinion I think that we, the chief unconscious inheritors of their old struggle, we the one-time unaligned, we, the great avoiders, are the groups who need to change our hostile emoting and our stereotyped thinking. This won't happen all at once. We were indoctrinated too well for that. But we can make progress toward that change. As we do, the educational function and the educational problems may well be seen in quite different terms and quite different proportions.

I think we would then be able to state far more clearly just what the communication is or what the communications are which we wish to extend. We will no longer lump together all drinkers or all abstainers or consider the targets of our communication as one undifferentiated mass; either at the time of teaching or in terms of long range purpose. We would be able, if we really got rid of the doctrinaire and logically quite indefensible assertions of the Classic Movement about drinking, to integrate our educational effort into a relevant and more realistically perceived social setting. If we could excise that all-dominating imperative "Don't Drink" from the center of educational planning, we could perhaps at long last begin to discuss the purposes of any communication in this field and then consider what purposes are appropriate for the formal educational system. With this much change towards reality it would be possible to discuss in more rational terms the matter of who should do the communicating. At that time it would become reasonable to talk about educational techniques, and the validity of new theories and even raise questions about the effects of whatever policy or program might be undertaken.

My introduction of the subject to this conference is almost entirely in terms of alcohol use and related attitudes, feelings, and traditional channels of thinking and behaving in our society when this matter arises. I feel that discussions or planning about education (or, for that matter, about research or law enforcement or rehabilitation) when they concern the phenomena of alcohol and its use have to recognize this unique, even rather extraordinary, background. Otherwise we are likely to spend our time in fighting, avoiding, and continuing the Alice-in-Wonderland world which is so characteristic of American reactions to their worries about alcohol. I see signs of the newly emerging temperance groups moving out of that world. I see some signs of the beverage industries coming out of that old battlefield. I hope that the rest of us who are concerned, we who are the chief inheritors of the bequest of the Classic Movement, can not only also move out from that old domain but can take leadership in the development of more realistic, mature, and constructive ways for adjusting to individual and social drinking and individual and social abstinence in our society. It will not be easy or quick but it seems clear that a real start can be made.

IMPLICATIONS FROM RESEARCH ON ADOLESCENT DRINKING

Harold W. Demone, Jr., Ph. D.*

Somewhat over 1 1/2 years ago, data was collected from about 8,000 boys and girls attending junior and senior high schools in three Metropolitan Boston communities. About a month ago, a first draft of a 500-page manuscript was completed. It concerned itself only with the boys. It is to this data that I will speak today.

In the 10 minutes available to me, a data summary would be impossible. Instead I will focus on some of the implications of the findings which in many cases, where data overlaps, are consistent with other research on teenage drinking.

Drinking is a Social Act

Drinking is a custom, a social act and a practice. It also has some effects which must be understood in its chemical composition and physiological and metabolic action. However, it is its social component which offers promise. As such, it should be subject to social engineering.

The drinking behavior of the subjects is closely related to certain fundamental social institutions: the family, peer groups, religion, nationality, economic, and recreation. It is seldom idiosyncratic. It reflects group practices. It is seldom excessive.

In a modern, complex, urban, pluralistic society, multiple group affiliations are possible. Segmental involvement offers the possibility of alternative, even opposing, drinking values. This is both an advantage and disadvantage.

Since the disadvantage of alternative models are so often cited, I would like to suggest some advantages first. Our data strongly supports the contention that when alternative drinking models are posed only in extremes, abstinence or excessive use, a drinking complication is more likely than in families where additional drinking models are offered. The proportion of excessive drinking sons, among those who drink, is higher among boys who come from the former environment. Yet a substantial majority do drink and without manifest excesses. Multiple group affiliations and mass media may play a positive role. An abstaining father may describe in detail the hazards of alcohol to his son. However, his son will also be exposed, despite his father's protection, to more normative drinking models. Compensation is possible. These more stable models may in fact come from other family members, peer, religious or other significant group.

Merton described three types of reference groups, --normative, comparison and interaction. A normative group would establish and maintain standards for the actor. The comparison type would offer a frame of reference against which the actor may evaluate himself and others. The interaction groups are those which are part of the social environment. They may be taken into account by the actor as he works toward his purpose but they are not of normative or comparative significance. (1) Normative and comparison types may be the same group, may be different and for a strongly mobile person may be reversed.

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A recognition that differential opportunity is normally available in a pluralistic society can be viewed as potentially advantageous. It may be seen as an opportunity for the development of primary preventive mechanisms in which idealized but operative standards are made available to those who lack such models.

Having supported a position often ignored in the alcohol literature, a basic finding should be reinforced. When sanctions around alcohol are ambivalent, contradictory, ambiguous or offer only abstinence or abnormal drinking as models, excessive drinking is more frequent. When unrealistic demands pose a fundamental dilemma for the actor, he may be forced into violation of some sanction no matter which choice he makes.

The High-Risk Family

A number of studies have demonstrated that a small group of families produce a high incidence of a variety of problems. Although these studies typically are focused on crime, delinquency and the socially maladjusted, the perspective can be used to look at our subjects as well. A small group of subjects seem to be significantly involved in excessive drinking, crime and delinquency, automobile accidents, aggressive behavior, sexual freedom and generally rebellious acts. Most subjects, however, seem to work extraordinarily hard at their social and academic assignments, submitting reasonably well to the limits placed upon them by adults and peers.

Cohen speaks to this general finding. "Contrary to popular images of adolescence, these students are not rebellious. However strenuous or meaningless or depressing they find the discipline of the schools, they submit to that discipline because submission is eventually rewarded by comfortable niches in modern bureaucratic organizations. Accustomed to discipline and submission as adolescents, they become cautious, conservative, compliant, accommodating, and security-conscious adults." (2)

Teenagers Drink Moderately

A significant finding, which needs reinforcement, is that the vast majority of our subjects use beverage alcohol in a moderate and controlled way. The daily drinker, frequent episodes of excessive use and personal complications in conjunction with alcohol use are rare. Although we have paid particular interest to this small group because of our interest in prevention, it should not interfere with our basic finding - moderate drinking is the norm for our male adolescents.

These adolescent moderate drinkers were introduced to alcohol by their parents in their own homes. The beverage was likely beer or wine and the amount less than one glass. The incident took place by age 11 for one-half of the subjects and in a majority of the cases the subject asked his parents for the alcohol.

At this stage it was not motivated by a premature desire to play adult roles, but essentially was a function of curiosity. The parent was drinking, the son wanted to taste the drink. It was not a function of age. Tension was not likely to develop. It was merely an expression of interest in an expanding environment.

Drinking did not appear to be pivotal. Alcohol was not viewed as some magic potion designed to meet all of life's problems.

"Good" and "Bad" Kids

In the 1962 summary to the Report to the Joint Commission on Alcoholic Beverages Control of the New York State Legislature, a significant commentary on "goodness" takes place. Although our data differs in part, their comments are worth paraphrasing. (3)

Popular opinion appears to hold to the belief that "good kids" abstain from beverage alcohol and "bad kids" drink. If "good kids" are to be measured by such criteria as popularity (frequent dates), and the virtues of hard work after school, then our "good kids" drink more excessively than "bad kids". If on the other hand "good kids" are those who make good marks in school, belong to formal school organizations and attend church weekly, they are more likely to be abstainers or moderate drinkers. Of course, this is complicated by the fact that the "A" students are more likely to drink excessively than "B" and "C" students.

If the measure of badness is antisocial behavior, drinkers are indeed bad. However, when age is controlled, most of the difference is not between drinkers or abstainers, but between excessive drinkers and all others. Equally important, the excessive alcohol users get into these scrapes more often when cold sober than when they are drinking.

The cause and effect relationship will have to be challenged, notwithstanding popular stereotypes. Alcohol is not the cause of deviant behavior. The adolescent who misbehaves frequently also manages to drink frequently. They are co-related, not causal. Drinking excessively is merely another alternative form of antisocial behavior. Without alcohol, the scrapes would continue. In certain cases, for example, the deviant use of the automobile, with perhaps less social harm.

Rites of Passage

One clear finding from our data is that some of the young male subjects have rejected certain adult notions about the appropriate adolescent role. In many societies the transition from the dependent child to adolescence or mature autonomous adulthood is clearly marked by public or private ceremonies well understood by the community.

In America, in addition to physiological puberty, which can occur as early as age nine for some girls and as late as age 15 for some boys and girls, there are a series of social transitional rites. The "coming out party", junior and high school graduation, college graduation, the automobile driver's license, marriage, full-time jobs, the draft and voting are all phenomena which imply certain phases of maturation. Unfortunately they lack any clear structure, varying by sex, age, social class, ethnic group and region, among others.

There is no clear definitive marking of adult status. Rites of passage are manifold and confusing. The resulting strain is evidenced by the conflict in drinking practices by American teenagers and the laws, rules and regulations established by government.

An analogous view of transitional complexities can be seen in the social and personal difficulties arising from the gradual or rapid alterations in group identity suffered by the immigrant in his attempt to assimilate the values and standards of native Americans.

Our "good" teenagers wait, our "bad" teenagers assume adult roles early. But even those adolescents playing adult roles are proscribed from many adult activities. They often play their adult roles with their peers. They remove themselves from organized groups sanctioned by adults. They receive poor academic grades in school. They work after school to earn their own spending money. They date often and go steady. They pet. They engage in a variety of antisocial acts. They drive to endanger. They drink with their peers. They challenge their exclusion from adulthood.

Sociologically they are seldom prepared for these adult roles. Their formal education seldom relates to adult tasks. They are trained for adulthood by exclusion from adulthood.

". . . youth culture has a strong tendency to develop in directions which are either on the borderline of parental approval or beyond the pale, in such matters as sex behavior, drinking, and various forms of frivolous and irresponsible behavior. The fact that adults have attitudes toward these things which are often deeply ambivalent and that on such occasions as college reunions they may outdo the younger generation in drinking, for instance, is of great significance, but probably structurally secondary to the youth-versus-adult differential aspect. Thus the youth culture is not only, as is true of the curricular aspect of formal education, a matter of age status as such, but also shows strong signs of being a product of tensions in the relationship of young people and adults." (4)

In our culture adolescence is that process by which a child becomes an adult. Unfortunately it is often viewed in simplistic biological terms. It is not. Most of the implied differences are social artifacts invented by man. The actual function of the adolescent process is three fold: (1) to help the adolescent become emotionally mature, (2) to provide him with certain intellectual trappings, and (3) to provide him with certain technical skills.

Young people do grow up and they need various means of testing their developing status. Some alcohol use appears to be an integral part of adult role playing. The increasing probability that the male adolescent will become an alcohol user as he grows through each adolescent age grade substantiates this premise.

The significant issue then becomes - how do we help these young people to assimilate practices which will be personally and socially constructive or at the least socially neutral?

Mature or Premature Alcohol Role Commitments?

Perhaps what should be sought is a clear explanation of the difference between premature and normal alcohol use among children and adolescents. Premature alcohol use can be defined as drinking for impulse gratification needs so that personality development is affected adversely. Sub-cultures which equate maleness with uninhibited alcohol use can also be defined in negative terms.

Drinking for youngsters which enhances a strengthening of impulse control, which is integrative, which relates them to their family and moral standards may be considered a goal. A slow and gradual learning process is desirable.

Alternately, support must be offered those youngsters who want to wait or to not drink at all.

References

1. Merton, R. Social Theory and Social Structure, The Free Press, Glencoe, 1957, pp 283-284.
2. Cohen, A. E. Youth and the Social Order, University of Indiana Press, Bloomington, 1965, p. XII
3. New York State Legislature. A Report To The Joint Commission on Alcoholic Beverages Control of the New York State Legislature. (Summary) New York, 1962. (Mimeographed).
4. Parsons, T., Age and Sex in the Social Structure of the United States, American Sociological Review; 7: 604-616, 1942.

ALCOHOL EDUCATION: CLUES FROM RESEARCH

George L. Maddox, Ph. D.*

In an earlier paper** a review of research relating to alcohol education led me to a quite unambiguous conclusion. There has been very little research on who has been saying what about alcohol to whom, how, and with what effect. One does encounter occasional bits and pieces that describe who has been saying what to whom and how. But the kinds of critical evaluation which lead to generalizations about effective procedures for transmitting information about alcohol are strikingly absent. Many of the sources of this state of affairs are easily identifiable. Let me mention several of the more obvious ones which have come to my attention while searching for research on alcohol education. These initial comments may be construed as clues from research on why research on alcohol education is uncommon.

Historically a principal, if not the principal, roadblock to the development of effective instruction about alcohol has been the heavy and enervating emotional freight which any discussion of alcohol use bears in this society. When alcohol use by youth is involved the burden can be unbearable. Our cultural heritage still bears a strong imprint of a strategy of living which values work, is deeply suspicious of fun, and is preoccupied with impulse control. That is, a considerable residue of a "Protestant Ethic" orientation to life remains. This heritage is clearly not shared universally or uniformly. In the private lives of many, this ascetic orientation may be largely a memory rather than an effective orientation around which life is organized. But in the public sector where public policy is debated, one still finds considerable evidence that many Americans are uneasy about alcohol, particularly when they are discussing alcohol use by the young. A good illustration of the sources of ambiguity and ambivalence in our tradition about drinking are found in two books published just this past year, one by J. C. Furnas entitled The Life and Times of the Late Demon Rum and the other by Morris Chafetz entitled Liquor: The Servant of Man. Furnas documents the simultaneous American passions for liquor and prohibition. And it was Dr. Chafetz, you may recall, who with partial accuracy was quoted in the press as advocating the teaching of drinking in public schools. I emphasize "partial accuracy" to make clear that Dr. Chafetz was not advocating the development of drinking laboratories in our school. Rather he was emphasizing his own acceptance of drinking as a normal part of life for most individuals and, therefore, advocating that drinking should be treated as something to be learned well, if at all.

The demonstrated inability or unwillingness of many citizens to think soberly about alcohol use among the young and to discuss unemotionally ways in which problems associated with the use can be minimized has consequences. The most obvious consequences is an inability to identify with any reasonable degree of certainty the preferred state of affairs with regard to alcohol use among youth. For example, is the preferred state of affairs total and permanent abstinence? Or would we settle for total and permanent abstinence among youth with the admission of legitimacy of free choice among youth approaching adulthood? Or, recognizing the legitimacy of abstinence for many would we settle for the development of those patterns of use among youth who drink which result in the least problems? Typically the inability to get widespread agreement on what the ultimate objectives of instruction about alcohol ought to be has led to a kind of inmobilization where, by default, nothing at all is done and evaluation of what is done is impossible. How can one know if he is arriving if he does not know where he is going? As a matter of fact, one sometimes gets the impression that we need to ask: Who wants anything to be done differently with regard to training youth about alcohol? And, what do they want?

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A second source of difficulty lies in the fact that alcohol education has usually implied something more than the transmission of information. That is, instruction about alcohol has usually implied not only a specification of preferred attitudes and behavior but also an effort to mold student attitudes and behavior to conform with these preferences. In the attempt to affect attitudes and behavior, evaluation of instruction about alcohol presents common problems associated with the evaluation of any educational venture that goes beyond asking questions about the acquisition and retention of information. The moment one asks about something more complex than the quality point index of students exposed to some instructional venture and inquires about their successful performance as professional people or as individuals, there is trouble.

Evaluation of educational enterprises are never easy for at least two reasons. First, an adequate evaluation procedure would have to be longitudinal, would have to cover attitudes and behavior not only at the point of departure from the educational system but also at subsequent points in time. The second problem of educational evaluation follows from the first. Few educational enterprises are in a position to provide adequate control of the exposure of the research population to consequential variables outside the educational system and not under its control. How then does one go about determining the effects of any given educational procedure or innovation? While I will not presume to answer my own question, I do not assume that educational research of the broad kind under discussion here is impossible. I only know that it is quite difficult. And I am absolutely certain that if one is seriously concerned about evaluating programs of instruction about alcohol, he must be willing to make a substantial personal commitment to such research and have available substantial resources. Interested investigators and adequate resources have not yet discovered one another.

A third source of difficulty lies in the organization of public education in this country. Without meaning to be pejorative, I have the impression that public school men and women for very good reasons, voluntarily do very little pioneering on the frontier of social change. The task of the public schools achieving the more conventional objectives of education is, after all, a full time responsibility. The prospect of attacking social problems seriously clouded by community dissensus could hardly be a task eagerly sought by many school superintendents or teachers. Yet public schools are continually faced with many special pleaders, educational and otherwise. Some challenges are accepted and pursued successfully. But, in such cases there is almost always an administrative price to pay, usually in the form of changed certification requirements, the specialization of teachers, and new demands on crowded curricula. The prospect that accepting the challenge of alcohol education means another kind of specialization, perhaps another kind of certification, and surely another demand on the curriculum must be among the concerns of any school superintendent. Inevitably every school system faced with such a challenge would have to evaluate the place of instruction about alcohol in the hierarchy of educational needs confronting the community. It seems clear to me that, in the face of curriculum problems, certification problems, and personnel problems associated with specialized educational ventures, instruction about alcohol is not very high on the list of things that obviously need to be done, whatever you and I may think about.

So much then for background about why we do not know more about effective instruction about alcohol than we do. Let me now turn to some clues which come from research about the kinds of things which might be done. In effect, I want to play a game called "What would you do if a school or a community system were at your disposal and you had the responsibility of developing a program of instruction about alcohol?" My proposals are modest.

Communities, not Schools

First, it is not at all apparent to me that the instruction about alcohol should be even predominantly, much less exclusively, in public schools. It is obvious to me that the public schools should be involved in any program of alcohol education, they might even be the logical source of leadership and coordination. But research indicates to me that the logical focus of instruction about alcohol ought to be on a community which a public school serves. Instruction about alcohol comes from many sources in the community--from the home, from peers, from churches, from youth organization, and a wide-range of professional people, and from the mass media, as well as from school. In face part of the problem in providing instruction about alcohol in any community is the high probability that the multiple sources of information to which a person is exposed will be contradictory, or at least not obviously complementary. An effective program of instruction about alcohol would be directed to parents and professionals as well as to captive audiences of students. Students are not, by definition, necessarily the most poorly informed segment of a community in regard to drinking. The recognition that there are multiple targets for instruction about alcohol in a community each with different presuppositions and each with different needs is important. As a matter of strategy and economy, one might very well recognize an inability to attack all the relevant target audiences he could identify in a community. Yet, my own preference is clearly for attacking simultaneously as many target populations as possible.

The Diversity of Youth

Youth, like communities, resist stereotyping. For purposes of instruction about alcohol, youth present target audiences, not a target audience. For example, if one faced a class of 30 or so young people in a public junior high or high school, the assumption that a single simple garden variety of educational experience about alcohol is sufficient would clearly be naive. Some of the young people would surely have come from homes in which the use of alcohol is a normal part of living; if these young people are 14 or 15, they are very likely either to have already began some experimentation with alcohol, probably in the presence of adults, or to have every expectation of integrating alcohol use into their own behavior sooner or later. Others will have come from backgrounds which are consistently abstaining and have every intention of maintaining this abstinence into and through adulthood. Still another probable category of individuals, possibly the majority in most communities, represent the marginal individuals whose cultural heritage and social supports in regard to drinking are somewhat ambiguous. They are probably on their way to drinking; but how soon and how competently is uncertain. Finally, one or two young persons will already be in trouble with life and that trouble may well involve the use of alcohol in some complex fashion. Even these categorizations oversimplify the situation in the typical classroom. But an awareness of even this much complexity calls our attention to the limitations any garden variety of instruction about alcohol which can hardly be addressed with equal force to the particular needs and problems of such varied young people.

At a very minimum, an elemental distinction would have to be made between instruction about alcohol and instruction about alcoholism, or, from the standpoint of an individual, a distinction between education and therapy. The awareness of such variety in needs for information also raises fundamental questions about whether there is a common core of information about alcohol and alcoholism. Are these facts which are obviously relevant and useful for presentation in such a diversified classroom?

One does hear about such a common core of information. If one chooses to drink, there are surely somethings any drinker should know. This was brought home to me in a conversation not too long ago with a young lady from Ohio who, in a discussion group, asked me, "Is it true that an individual's first drink is his first drink on the way to alcoholism?" I parried with "What do you think?", to which she replied "I have been told by a minister and a teacher that this is true." I responded, "So you have been told, but you have not answered my question. What do you think?" She replied, "But they should know". I, even more insistently, "But what do you think?" She replied, "I don't believe it is so." This exchange led me to inquire of this young lady what she knew about the use of alcohol. Very quickly it became apparent that she knew very little about different alcoholic beverages, had very little lore about styles of drinking that are relatively safer than others, and, in sum proved to be a generally naive young lady with regard to alcohol. It struck me quick forcefully at the time that here was a clear case of an individual who needed some information she did not have whatever one assumed or hoped about her future behavior. In the same sense, I would contend that every citizen needs to know something about alcoholism and community resources for dealing with alcoholics and problem drinker whatever we assume or know about his personal use or avoidance of alcohol.

Programmed Instruction

The assumption that a core of relevant information about alcohol and alcoholism, however poorly defined at the moment, can be identified, led me to suggest some years ago that attention ought to be given to programmed instruction about these subjects. I originally made this suggestion somewhat with tongue in cheek, believing that such an undertaking would prove to be provocative and stressful but definitely worthwhile. Such an undertaking, for example, would require the knowledgeable people come to some agreement about what the common core of information ought to be. The development of a program in turn would introduce various kinds of research possibilities in regard to the transmission of information and an exploration of the relationship between the acquisition of information and the development and modification of attitudinal and behavior patterns. More than this, programmed instruction becomes common in many schools, such a procedure has the obvious advantage making minimal demand on existing resources within a school system.

Using Existing Communication Networks

Conventional methods of instruction about alcohol, especially in public schools, necessitates complex administrative decisions about the allocation of resources and occasions arguments about timing, integration, personnel, and community sentiment. Such arguments direct attention away from one of the powerful known mechanisms in the transmission of information designed to modify attitudes and behavior; this is the interpersonal network of peers. It has often occurred to me that the first move of an alcohol educator in any community, in any school, ought to be the identification of community networks and communication leaders among various target groups he wished to address. I have in mind the identification of opinion leaders among parents, among professionals, among teachers, and among young people with the intention of focusing educational efforts on them. The theoretical justification of such a procedure is clearcut. The practical justification seems equally obvious to me. Panel research on the capacity of alcohol educators to influence peer group influentials and the effectiveness of these influentials, in turn, to convey information and effect attitude and behavior change on their peers is eminently researchable.

Summary

Clues from research suggest to me that instruction about alcohol 1) should be oriented to a community rather than exclusively to public schools; 2) should recognize multiple targets; 3) should be based on a common core of information about alcohol and alcoholism; and 4) should utilize existing communication networks for the transmission of this information.

I continue to be impressed about the incongruity of how much we talk about alcohol education in relation to the small allocation of time, personnel, and resources devoted to its development in a systematic fashion. Out of respect for many people who devoted many years to improving instruction in this area, I want to emphasize that a great deal has been done with minimum resources. The time has come to assess whether we really want to do something more than is already being done. The need is clear to me. The desire to act is not.

SOME CLUES FROM RESEARCH

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The Center of Alcohol Studies for many years has been engaged in research on and evaluation of alcohol education. Staff members, particularly the late Raymond McCarthy, have contributed books and pamphlets and have edited collections in this field. Further, the Documentation and Publications Section of the Center has published a number of books, pamphlets and articles in this same area. And, of course, for many years the Bulletin of the Association for the Advancement of Instruction about Alcohol and Narcotics (AAIAN) was edited and published at the Center.

Partly as a result of these activities and partly as a result of studies in the social sciences and experimental psychology, the Center developed a research program which would provide methods of measuring, recording, and evaluating change in a community, whether that change be the result of planning or the result of happenstance.

Essentially, this research program consists of a number of closely related projects to be carried out in a ten to fifteen year period in an eastern seaboard community of approximately 20,000 inhabitants. The community is relatively self-contained as an economic unit, and relatively independent of other communities in that it has, among other facilities, its own newspaper and radio station. Nor is it a bedroom suburb of New York, though a few of its residents do commute to the City. Another consideration was of great importance in selecting the community. The population had to include a sufficient diversity of ethnic and social class groups to provide a range of responses to drinking and non-drinking behavior as well as to various forms of intervention.

The research plan called for background studies of the community describing the economy, the history, the religious institutions, the demography, the courts and police, the helping agencies, and groups--in general, the major social characteristics of the community. These studies were carried out in the summer of 1963, supported in part by the National Institute of Mental Health[1] and in part by the New Jersey State Department of Health.[2] In the following eighteen months members of approximately 5% of the households in the community were interviewed to develop a base line statement on drinking behavior and attitudes. Also, a theoretical problem related to the development of sanctions--both positive and negative--using alcoholic beverages as one of the foci was a major part of the study. Parenthetically, perhaps the most important emphasis that the Center places on research conducted under its auspices is that the work have theoretical value in a traditional discipline. Alcohol is a vehicle, not an end product in Center research. This study was also supported by NIMH and by a general support grant from the United States Brewers Association.

At about the same time as the second phase of the program got under way, planning of the current phase began. This is a study of teen-age behavior vis-a-vis alcoholic beverages. This study is being conducted in three stages. The first stage is description of relations of teen-agers to alcoholic beverages and serves, as well, as a pretest of the protocols to be used in the second more intensive stage. It is out of this first stage that the clues come which I will discuss shortly. The second stage is a study involving intensive interviewing, diary keeping and participant observation of a selected sample of juniors and seniors in high school. (It is proposed to include some school drop-outs of the same age. However, the sampling problems involved in obtaining adequate representation of school drop-outs may preclude their inclusion in the study.)

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[1] U.S.P.H.S.-NIMH 05655.

[2] New Jersey State Department of Health Contract No. 342E.

The purpose, in this second stage, is to study the activities of teen-agers particularly in relation to alcoholic beverages. The theoretical basis for the study concerns the validity of a psychological scale in prediction of drinking behavior, particularly as applied to teen-age behavior. The third stage, to be undertaken about a year from now will explore the attitudes and understandings of parents, teachers, educational administrators, and other appropriate figures in the power structure of a community as to what they believe to be problems of teen-age drinking and what these authority figures believe to be feasible and appropriate controls or solutions to the problems which they perceive.

What are some of the clues? There is a tradition among many peoples, though perhaps not so well developed in the U.S., in which the consumption of alcoholic beverages is an integral part of other social activities. In other words, in some social activities elsewhere, and perhaps increasingly so in the U.S., drinking occurs most frequently as a concomitant of another activity. It is probably not going too far to suggest that people in cultures in which this is so, simply would be astounded if asked to regard drinking as a separate phenomenon. This kind of drinking involves celebration of a birthday, wedding, sometimes a wake, or some other occasion. Or, enhancing a social gathering, making talk more interesting and stimulating, interaction at dinner, drawing people closer together, or perhaps simply for relaxation. This is called affiliative[3] drinking. The main characteristic is that it increases social interaction rather than create that interaction.

Affiliative drinking is learned most likely at home and next most likely in company of peers or close associates. This kind of drinking has many associations, which add to the pleasure of the drinking. It is moderate drinking. Probably more than half the teen-agers who have had experience with alcohol, had that experience in an affiliative context--celebrating a special occasion with parents or peers, or participating in a religious ceremony.

Furthermore, even for teen-agers who have not learned drinking in an affiliative context, the wish to participate in affiliative activities and relations surely plays a significant role in taking the first drink. People do want to be liked by others. Few want to be left out of the activities of the group.

However, those who have not learned drinking in an affiliative context appear to be more likely to develop drinking problems. One reason seems to be that these people simply have not had an opportunity to observe others manage their drinking over a long period of time. As a result they do not appear to have learned drinking behavior which shields them from development of problems.

This second kind of drinking is called sentient drinking. This is drinking which arouses states of pleasurable bodily feeling, or which makes the person more assertive, less shy, more sexy, or more aggressive. The emphasis in drinking is on the generation of feelings and on the creation of states of mind which the drinker feels are not sufficiently present in the non-drinking state. Put another way, the personal psychological effect comes first. The social effect is secondary.

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[3] The terminology is adopted from Kalin, McClelland and their associates. The present treatment is based on the work of Dr. Robert Zucker, Assistant Professor, Psychology, Center of Alcohol Studies, Rutgers - The State University.

It is probably not going too far to suggest that when sentient drinking is operative, it is the way one feels about the drinking which is important. Sentient drinking for the adolescent, or for that matter for the adult, is an effort to provide for himself something which he has not found in other activities. In this sense, then, sentient drinking may be viewed as a response to perceived lacks (real or not) in our way of life and in our social organization.

Drinking problems, as behavior problems for the community (i.e., as social problems), are more likely to develop when drinking is done for sentient reasons than for affiliative reasons. When one ingests a substance to create a personal effect, the person tends to be withdrawn from his fellows, and, hence, less susceptible to social control. What people say, their criticisms and their efforts to calm the person have less effect on the drinker when he is experiencing the personal psychological effects of alcohol as well as the physiological effects. Consequently, impulsive behaviors, particularly those which are socially disapproved are more likely to occur under these circumstances.

However, simply identifying sentient drinkers does not in itself supply sufficient clues. Sentient drinking certainly tends to induce states of feeling that are likely to lead to impulsive behavior. Another effect of alcohol, the reduction of restraints, would reinforce the tendency toward impulsive behavior, On the other hand, most people have a long experience of being punished for anti-social or directly impulsive oriented activity. Therefore, while drinking may tend to induce thoughts of impulsive behavior, this tendency may well be counterbalanced by memory of restraints. This suggests that for most teen-agers, even those who drink for sentient reasons, considerable restraint is present in most situations. This is of particular importance when we recall that adolescence is the time when the individual is developing ways to express and channel his feelings in a manner that fits adult behavior patterns.

However, there are some adolescents who do have problems with drinking. It is probably a mistake to consider them to all of a kind. Some have problems of alcohol alone. Because they drink too much, they miss ordinary commitments resulting in difficulties with family, peers and others. Alcohol is directly related to their problems. While in the early stages of drinking the person may have a little more contact with other people and talk is a little easier, this may well be followed, in later stages of drinking, by impulsive activities resulting in accidents or criminal behavior. Yet for many youthful drinkers these problems are not patterned. There is no consistent appearance of problems. Rather, the problems seem to be almost incidental. Yet, though lacking pattern or regularity, problems do occur.

For such teen-agers, some solutions appear feasible. Provision of situations in which similar gratifications can be attained without the development of destructive processes appear most promising.

This may mean encouraging abstinence. But in this society abstinence may be difficult to attain and to practice. Perhaps more effective would be an effort to have drinking occur in situations or contexts in which strong social controls are present. A preliminary finding in the study which the Center is presently conducting shows that teen-agers tend to limit or control impulsive behavior when either peers or adults are present. In other words, teen-agers respond appropriately when social controls are present.

There is another group of drinking youth who present more serious problems. These people use alcohol simply to facilitate impulsive tendencies which they already possess. Alcohol serves to release antisocial tendencies which for these drinkers have a greater potential than others have. Such people represent a very small proportion both of drinkers and of teen-agers. For these teen-agers various forms of therapy (in rigorous sense of that word) appear to be the only feasible resources.

This discussion has been intended to indicate that reasons for drinking can be classified as affiliative or sentient. Affiliative drinking seems to present few if any problems. Sentient drinking, for the most part, poses no problem either. However, sentient drinking may well lead to serious problem drinking. On the basis of results from an on-going study, possible controls and help for serious problem drinking among teen-agers are suggested.

LEARNING AND BEHAVIOR--ALCOHOL EDUCATION FOR WHAT?

Godfrey M. Hochbaum, Ph. D.*

For thousands of years, starting long before recorded history, man has found a variety of ways to escape from the drudgeries, pressures, boredom, and fears of every day life. The need to escape--in one form or another--is an inseparable part of human nature, and only its forms and means have changed from one culture to another, and from one era to another.

Drinking intoxicating liquids is but one of these forms, one that is, in itself, older than recorded history. The particular substances used, the means of preparing them, and the rituals surrounding their use, have varied over time. So have the social attitudes and norms which prescribe under what conditions, in what forms, and to what degree, this escape is socially approved or tolerated. But alcohol as a means to cope with a variety of problems, has--with only a few exceptions--always and everywhere been one of the most favored and generally accepted means of escape. After all, it is a means that is relatively easily produced and hence can be made generally accessible to everyone, it is enjoyable to take and has usually some very pleasurable immediate effects on the drinker or, at least produces fairly quickly whatever the desired effects may be. But recognition that there are also less desirable and under certain conditions rather deleterious and even dangerous effects has provided the reason for many past and present attempts by individuals, organized groups, and official institutions to exert some control over the consumption of alcohol. Yet only in relatively recent years has the problem come under systematic and more or less scientific scrutiny in order to evolve effective ways for society to cope with it. But every today's search for means of effective control--especially through education--is handicapped by our heritage. Old views, attitudes, misconceptions, and prejudices still plague us, even though these may be clearly in conflict with our rapidly accumulating scientific knowledge about human behavior.

I would like to select from this body of knowledge a few pieces which are particularly relevant to the problem and examine some of their implications in the light of, and perhaps in contrast with, today's most common practices. I shall focus almost exclusively on problems of the young since it goes without saying that these are and must be our primary target group.

Most of today's practices in alcohol education of the young are based on the popular notion that man is a rational being who regulates his life according to his best knowledge and understanding of facts. We all know that this is not altogether true, yet the notion persists in giving direction to educational programs in this area, both within and outside the school.

Man has in addition to reason, also desires and aspirations, uncertainties, worries and fears. He is subject to powerful, if often subtle social influences. He is beset with conflicting needs and motives. He is pulled one way or another by ever-changing social and environmental conditions. And he is constantly faced with ambiguous situations where he must act before he fully grasps what is at stake and without appreciating the possible consequences.

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These internal and external influences determine only too often what we do or do not do; in fact, they may even determine our willingness and ability to gather knowledge, to accept or reject facts, in short--to learn. These influences are frequently in conflict with what our intellect tells us and are, moreover, often more powerful and decisive.

There is probably not one person in this room who has not, at one time or another, done things which he knew were bad for him, or has failed to do things which he knew would benefit him. I am sure that most anyone knows this to be a fact of life. Yet its implications are often overlooked or deliberately rejected.

The health area offers many an illustration for this. When the problem of changing people's health behavior arises, the first thought that usually occurs, is to produce and distribute a booklet, to insert a new course into the curriculum, or to provide eminent speakers on the topic. The primary, and often sole intent is to transmit information, to provide people with "the facts"--with the tacit assumption that "truth" is the only or at least most important instigator of behavioral change.

People must, of course, have certain information in order to act intelligently. They must know what to do, where, when and how to do it. But if they are not particularly motivated, if the recommended action conflicts with other and stronger motives or values, or if it runs counter to the norms and standards of people's social groups, these people are most unlikely to take the action, no matter how well informed they are. I do not know how many here in this room smoke cigarettes--fully aware of the well-proven risks; or how many do not seek periodic examinations for early detection of disease despite full realization that it might save their lives.

In short, pertinent knowledge is certainly a prerequisite for intelligent action, but usually it is not sufficient, by itself, to produce such action. Several other conditions must be met before this effect can be expected. One is that knowledge must be acquired within a context that provides proper motivation--and not only motivation to acquire the knowledge, but also motivation to accept it as a guide to one's conduct. Such acceptance necessitates that the acquired knowledge is seen and perceived by the learner as meaningfully related to situations where it is to be applied. In our case, this means that what is learned in the classroom must be connected to life outside the school system. But to most children, these two--school and life--represent two different worlds. Each has, as far as most children are concerned, its own demands, its own values and standards, its own dominant set of motives.

Take, for example, a course in personal hygiene. When the student studies for the course, his most immediate goal and motive is usually to do well in the course, to get at least a passing grade. Therefore, he may acquire the kind of knowledge that promises a good grade on the examination. But once the examination is over and his goal achieved, his motivation is satisfied. Since he may not also have been motivated to practice what he has learned, he may merely echo the acquired information on the examination, but he may never practice it--in fact, he may quickly forget what he has learned. He may, like a sponge, have soaked up knowledge needed to satisfy classroom demands--and in the examination the sponge is squeezed dry.

He has studied and learned under one set of motives, values and standards--those of the school and of the teacher. But outside the school he may live by a different set of motives, values and standards, and what he has learned in one setting may not be carried over to the other.

This poses a difficult problem, particularly in respect to such socially controversial and emotionally potent matters as drinking, smoking or sex, where the standards promulgated in the classroom may conflict with standards dominant in the social context in which the young people live. One needs only to think of the child who learns in school about the bad effects of drinking and then finds that his mother has a cocktail ready for his father when he comes home which (as the child may hear often enough) helps him relax and be a more bearable man-in-the-house after a hard day's work. In such a case, the child experiences severe conflict between what his teacher tells him, and what he learns to be facts of the outside world. But instead of transplanting the ideas taught in the classroom to this outside world, the child may simply reject them as irrelevant and unrealistic. In fact, this rejection may intensify in the child's mind the discrepancy between school and "real" life in respect to other subjects as well and lead to further alienation of the child from the school.

It is a basic and well established psychological principle that new knowledge, new beliefs, new attitudes, and new habits are much more readily acquired if they do not seriously conflict with those already in existence. If a new way of thinking and acting can be assimilated within one's social and psychological world, it is more readily adopted than if it means fundamental changes and severe conflict. Therefore, we must take into account the realities of the world in which our adolescents live.

How little we do this, and how difficult it is, can be seen in reference to the most common reasons and appeals that are used in alcohol education today. Many of the arguments we use are really based on concepts and values which are typically adult values and middle-class concepts.

For example: we are concerned about the effects of alcohol on the rational control of one's actions and about the consequent dangers to oneself and to others. This concern reflects social values attached to intelligent judgment, to the virtue of being able to control one's own behavior, and to the responsibility one has for his own and others' welfare and safety. But these values may not be shared by certain segments of our population, especially among the underprivileged in the low socioeconomic levels, nor by many adolescents among whom the thrill of the moment may be cherished more than its rationality; among whom the anticipation and avoidance of possible risks to oneself and to others may be far less salient than the joy of risk-taking and the need to demonstrate that one is not "chicken." To give another example, some of our arguments relate to the possible long-range dangers to our careers and to our physical and mental health from overindulgence in alcohol. But it is characteristic of these population groups and of many adolescents to be much more concerned with affairs of the immediate present than with their possible consequences in the far future. This is one of the reasons why for the fourteen or fifteen year old the threat that he may get cancer twenty years later, is a rather impotent argument for not enjoying cigarettes now.

In short, many of the facts we teach are irrelevant to the adolescent from his point of view, and some of our most crucial arguments appeal to values which may be extensively lacking among many adolescents whom we try to reach.

The importance of this situation cannot be stressed enough. With the conviction of the righteousness of our cause, we tend to rely overly on "facts." They seem so persuasive, so self-evident, so clearly demonstrated, that we simply cannot believe that they could fail to convince. All we need to do, we tell ourselves, is to repeat the facts relating to abuse of alcohol often enough and emphatically enough, and to lend them additional force by utilizing the latest educational techniques and instrumentations, from the TV screen to programmed learning.

Yet, there is convincing evidence from behavioral science research on communication that "facts" by themselves are singularly ineffectual in changing opinions of persons who are emotionally committed to their own way of looking at an issue. To a person whose beliefs are already in accord with the facts, such additional scientific evidence serves to fortify and perhaps even intensify his beliefs. To a person who feels ambivalence about an issue, and who in this state of uncertainty, is responsive to information that will help him make up his mind, such additional information may be the decisive factor. In both cases, the transmission of information, and of clear indisputable facts concerning alcohol, can be highly effective.

But not so with those persons to whom excessive drinking has become part of their way of life, who do not share those values and beliefs which make us look at abuse of alcohol as an undesirable thing, or who derive substantial psychological and social gains from overindulgence. Facts offered to such persons as evidence that they are misinformed, that their beliefs are mistaken, and that their habit may be deleterious to them, will usually have little impact on them. It has been well-established by research findings that, when a communication contrasts sharply with the recipient's beliefs, he tends to cope with the discrepancy usually in one or more ways: he may reject the information provided as false, irrelevant, or biased; he may distort unconsciously what he hears so that it conforms more with his beliefs; he may "explain away" what he learns ("I don't believe it will happen to me," or "statistics don't prove anything"); or he may asperse the motives and trustworthiness of the communicator.

The point is that over-reliance on the educational power of information-providing techniques presents two very real and serious dangers: on the one hand, the educator may derive a mistaken sense of security and of effectiveness from his confidence in such techniques, and this feeling may mitigate against his search for other or additional approaches and methods; on the other hand, while undoubtedly helping many adolescents, he may fail at the same time with exactly those who need most to be influenced.

The task is not just to get our young people to drink moderately (or not at all), to drink only under "safe" conditions, or to act prudently when they know they are under the influence of alcohol. If these issues were as simple as that, the problem of alcohol would be far less difficult than it is. But excessive drinking--like smoking, reckless driving, sexual promiscuity, and a host of other behaviors--is only one manifestation of a style of life generated, maintained and reinforced by a variety of social and psychological factors. The habituated need to turn to alcoholic beverages, whether it is psychologically or socially determined, is not obviated by evidence as to its foolhardiness or the danger involved. Either the psychosocial sources for this need are removed (a task well beyond the usual capability of educational institutions), or he is shown ways to satisfy this need in more moderate and desirable ways which he can integrate into his existing style of life without having to relinquish the benefits, real or imagined, which he has been enjoying up to then.

It is self-evident that such an educational goal presents extremely difficult and involved problems, and that mere reliance on an informational or "teaching" approach could not possibly make much progress. It is equally self-evident that the educational effort must go beyond the content area of alcohol, but must come to grip with much more general problems which reside mostly outside the school. Such efforts must be adapted to the beliefs, customs, values, and social milieu of those whom we try to reach. Only to the degree to which we succeed in this, can we ever hope to succeed at all.

Since, however, the cultural background, the standards and social customs vary a great deal among our younger generations, no single, uniform approach can succeed with all children. What may work with children from typically middle-class homes, may fail altogether with children from the low socioeconomic strata. What may be remarkably effective with children from homes where drinking customs are moderate and rationally controlled, may be patently wasted on children who are accustomed to indiscriminate excessive drinking in their families. Nor would the same approach be likely to succeed with both: those adolescents whose social life with other boys and girls is dominated by well-developed group drinking customs, and those whose leisure time activities are relatively free of indulgence in alcoholic drinks.

We have then two important points to consider: first that educational efforts in this realm are the more likely to succeed, the less they generate serious conflicts with already existing beliefs, value systems, social customs, personal habits,--in short, if the child is able to assimilate the new knowledge, the new beliefs and values, and the new habits into his daily life without overwhelmingly traumatic experiences. And second, that these conditions differ a great deal between children from different social environments both in the home and in their associations with peer groups. The latter implies that we must adapt our approaches and methods to the characteristics of specific subgroups of adolescents. It argues against the development of general alcohol education programs to be used uniformly in all schools, or with all children in one school, or often even with all children in one class. Instead, we might carefully study the scope of relevant psychological, social, economic and environmental conditions that may affect children's attitudes and behavior in respect to alcohol consumption, analyze them into major significant configurations, and develop guidelines for separate specific approaches and methods which appear to be most promising for each of these. If enough background information were then gathered about the children who are to receive alcohol education, they could be classified and divided into groups accordingly, so that each can receive the most appropriate specialized educational treatment.

I realize the difficulty of following up on this idea and the many problems it would entail, but I am firmly convinced that we must let the specific concrete needs and problems of those whom we wish to help, dictate what we do, instead of relying only on the opinions and professional biases of those who are experts on alcohol and alcohol education.

Let us now turn to another dimension of alcohol education, that of motivation. Despite a popular misconception, "motivation" is not the single all-important determinant of human behavior that it is commonly assumed to be. The expectation, that all that is needed to get a person to act in a certain way is to properly motivate him, is a naive one. For even when motivated, a person may not always be able or willing to act as we hope. The hungry person will want to get food. But what he will eat, where, when or how--even whether he will eat, these things will be determined by a variety of other factors, such as, if food or money are available; whether he happens to be alone or has to consider the wishes of others; whether other, more urgent things need to be done; and so forth.

The child who is motivated to accept and follow the principles we teach in alcohol education may also not be able to do so because of other psychological needs or because of powerful contrary forces in his social environment, the same forces that may have led him into drinking to begin with. Every smoker who has been truly motivated to quit but has failed despite desperate efforts, can attest to this.

In most cases alcohol education has focused on providing students with appropriate knowledge of facts, and perhaps even on trying to motivate students to act in accordance with the implications from these facts. However, only rarely have these programs gone farther, to consider what problems or difficulties the children may face in trying to translate their learning and motivation into action. And in even fewer cases have there been any efforts to help the child find ways in which he could cope with such problems and difficulties. The fact is that it may often be less important to try to instill knowledge and better standards in many of our students, than to help them to live up to standards to which they may already be oriented. Since the difficulties that may be encountered in this also vary with the psychological make-up of the child and with the social environment in which he lives, such efforts must also be dictated by the needs of identifiable subgroups.

I do not believe that we can ever overemphasize the need to anchor our educational efforts in the real world of our children--the dynamic world outside the school, with all its complex interplay of good and adverse social influences, its constructive and destructive elements, which shape their development with forces that no abstract booklearning could hope to match. To make inroads into this world of reality, we must carefully adapt our own efforts to this world and find ways of making them practical, useful, and realistic *in the eyes of the children*. This goes not only for our educational approaches and methods, but even for our educational goals themselves. Instead of being guided merely by some noble and ideal concepts, we must reconsider and carefully analyze what we wish to accomplish and what realistic objectives we should set ourselves. I am not concerned at this moment with what the final goal *ought* to be, nor with the moral or ethical sides of the problem but with the realism of the situation in terms of what can and cannot be achieved today or tomorrow. This is especially salient because of, what I believe to be an inescapable fact: excessive use of alcohol--just as smoking, sexual promiscuity, or drug addiction--are symptoms, not causes of pathological psychosocial conditions. Any educational efforts which do not recognize this, will try to attain unattainable goals and will, by definition, be unrealistic in their basic concepts. The greater the conflict between the world as the children know it on the one hand, and what we teach on the other, the less likely they will be to listen, learn, and change. For example, to stress only the bad sides of drinking and to deny the fact that it can offer also pleasure and physical, psychological and social advantages to many people, is to fly in the face of clear reality as experienced by many people, including adolescents. No wonder that, when such a one-sided presentation in alcohol education is used, the message is rejected altogether by those who are convinced that the teacher is either ignorant of the facts of life or too prejudiced to accept them.

I believe therefore that educational attempts which are colored by total rejection of the use of alcohol, which stresses only its negative aspects, and which neglect to recognize its gratifying and positive aspects, are bound to affect only a relatively small minority of those who are to be influenced. The rest will refute such educational efforts as clearly at variance with reality. To make matters worse, antagonism may be generated, and the rejection of the validity of the school's teaching may spread to other, related educational areas.

By aspiring to more modest goals and being less polemic, we may actually achieve more. It may be better to succeed in persuading some young people to drink in moderation, to drink only under certain circumstances, and to act more carefully when they *have* been drinking, than to fail altogether. Sometimes, *secondary* prevention may be better than attempts at *primary* prevention. My own personal view is that the problem of alcohol education is more like that of driver training than of, say, education in respect to use of narcotics. In the latter it is indeed an all-or-nothing matter. But we do not tell people never to drive because it could lead to accidents. Instead, we try to teach them to drive carefully and skillfully. With youngsters in whose case total abstinence is a hopeless cause, we might consider the compromise of doing the same: instead of advocating outright and complete abstinence, we might try to teach them to minimize the undesirable effects of drinking--openly recognizing, at the same time, that there may be also pleasant and even desirable ones.

I would finally like to point out one other matter that may have important implications for our educational programs. More often than not, concerted attempts to deal with the subject of alcohol begin when the children have reached the age at which the question of drinking--or, for that matter, smoking, sex, drug addiction, or similar issues--have become pressing issues. By then, basic attitudes may already have formed, and the children are by that time subjected to a variety of powerful influences which may create or intensify resistances to our attempts.

Educational efforts should start *much* earlier so that, when the child reaches adolescence, he brings to this crucial age a preparedness to accept our message and to resist contrary influences. If I may offer an analogy--though one that is not altogether fitting--the child learns to brush his teeth long before he learns (or could understand) the health reasons for it. The habit is well established by the time he learns the concrete health reasons for cleaning one's teeth regularly. Therefore such learning, when it occurs, is not at variance with his established customary actions--it simply provides him with additional and better reasons for it. Consequently, he is less likely to be swayed by other children who try to persuade him that it is not "in" to brush one's teeth. In the same way, we might try to instill in the young child a habitual way of thinking about alcohol, sex, or cigarettes which is well established by the time we can add more concrete and specific knowledge about these matters. In other words, alcohol education in this sense, should start long before he reaches an age when he finds himself torn between contradictory influences.

I have referred several times to such other areas as smoking, sex education, or drug addiction. This reflects the close relationship between these areas and that of alcohol education. Clearly the educational problems in alcohol education spill over into those of these other educational areas. Setting up separate educational units for each of them is an artificial segmentation of closely interwoven psychological and social issues. This segmentation can be defended only as long as we restrict ourselves to providing factual information. The moment we move into the psychosocial realm, these several areas fuse into a single one--an area with closely interrelated causes, conditions, problems, and indicated educational treatment. To adhere to separate and even uncoordinated educational attacks on these several problem areas, is doing no better than the physician who treats each of several symptoms in a patient separately, without realizing that they are all caused by the same disease.

In the same sense, we must promote wider recognition by educators of the fact that problems in this realm are deeply anchored in the general social environment of the children outside the school, and that attempts to cope with these problems can never succeed if we restrict ourselves to the school system with all of its inherent inescapable limitations. Therefore, it is particularly important in educational areas such as alcohol, sex, smoking or drug addiction, for the school and for others in the community to join forces. The school must reach out into the social world of the adolescents, and it must work with other groups and organizations whose activities affect various aspects of this world, not only in educational terms, but also in respect to the psychosocial, economic, and political aspects. As long as education about drinking, smoking, sex, and related topics is classroom-bound, its effects will be severely limited except in the form of good performance on classroom examinations. Better instructional techniques, even programmed learning, will not change this.

And this will also hold true as long as the great complexity and importance of problems relating to such areas as drinking, smoking, or drug addiction do not receive the appreciation they deserve. In only too many schools, it is customary to assign to courses in these areas teachers who do not understand these problems, who are inadequately trained and emotionally ill-equipped for the task. This is not only a waste but may actually further intensify the problems. No wonder many of these educators are so overly concerned with teaching-materials and teaching-techniques--programmed learning, use of audiovisual aids, educational TV, or posters--that they fail to come to grips with the psychosocial dynamics and their implications, that is with the educational problems.

Perhaps I have over-stressed the difficulties and problems of alcohol education. I hope I did not communicate a spirit of discouragement.

It is highly probable that even today's alcohol education does have some success, perhaps even a good deal of success. But we do not know. We do not know what approaches, now in use, are effective, with whom and to what extent. Yet we must know this in order to develop more effective methods. But, to the best of my knowledge, no intensive and systematic large-scale evaluations have been carried out despite the urgent need for such evaluations. It is unfortunate that many alcohol education programs have been launched, praised and often emulated on the basis of personal beliefs in their effectiveness, on the basis of the intensity of effort and enthusiasm that have gone into them, and on the basis of praise by teachers, parents or school administration. None of these are proper and reliable criteria of effectiveness. A program's effectiveness can be assessed only by measuring actual change in knowledge, attitudes or behavior against the kind and amount of change in these variables which had been set as goals at the outset. Thus, a program with the goal of merely increasing children's information about alcohol, can be evaluated by comparing these children's knowledge before and after the program. Similarly, if we wish to assess the effectiveness of a program whose goal it is to produce certain changes in children's attitudes towards alcohol, we must first establish their present attitudes, decide specifically what we wish their attitudes to be afterward, assess these attitudes after the program, and measure those attitudinal changes that have in fact occurred.

In most cases, however, we are concerned, first and foremost, with changing drinking habits--that is, actual behavior. We are interested in better information and in sounder attitudes only because we believe that these, in turn, will lead to corresponding behavioral changes. But, just because children learn the facts of alcohol, and just because they develop more desirable attitudes, does in no way assure that corresponding changes in their drinking habits also occur. Knowledge and attitudes alone do not determine people's actions. A program whose explicit goal is to modify children's drinking habits, can therefore be evaluated only by assessing the degree of actual changes in drinking behavior. Even the demonstration that the children have learned a good many facts about alcohol and that their attitudes towards alcohol have changed in the desired direction, does not necessarily demonstrate the program's success in terms of its originally stated goals and objectives.

As long as we continue with developing and carrying out alcohol education programs without proper and adequate evaluation of their real accomplishments, we will never know which approaches, methods and techniques accomplish their intended purpose--under what conditions and with which children. And not knowing where we are succeeding or failing now, the road towards improvement of our educational efforts is a nebulous one, with no direction and with no guidepost to tell us whether it is the right or wrong one. There is no sense in experimenting with new methods or with sophisticated new gadgets if we do not know how well we do.

Perhaps the most urgent need today is for research-oriented evaluation of our present educational programs. Only such evaluation, together with more systematic utilization of the growing body of behavioral science knowledge about human behavior, can provide the basis for the development of more effective educational programs.

But even so, only the most unrealistic optimist can expect sweeping changes in the undesirable aspects of the social life of our adolescents within the near future. Abuse of alcohol--and smoking, promiscuous sexual activities, and all the other behavioral patterns which we deplore so much--these are old and universal problems. They have deep roots in many facets of our society. We cannot expect to cope with them effectively with crush problems, nor by short-term plans. We must maintain a long-term perspective and think in terms of generations of children rather than in terms of semester courses, or in terms of the fiscal years of Federal grant projects. Nor can we expect great successes as long as we attack each of these problems--alcohol, smoking, and the others--as though they were isolated targets, forgetting their close interdependence and their roots in common social, psychological and economic conditions. Only through long-range comprehensive and integrated planning involving research, educational experimentation, and constant systematic evaluation can we expect to see truly effective education in these problem areas emerge. If we keep this in view, we will not feel the occasional pangs of failure at the seemingly little progress we seem to be making from year to year.

PANEL ON "ALCOHOL EDUCATION IN THE SCHOOL":

Introductory Remarks by the Panel Moderator, Herbert S. Conrad. Ph. D.*

Our topic for the remainder of this afternoon is "Alcohol Education in the School." Of course, education occurs in many places besides the school, and through many sources besides teachers: above all, in one's home, one's neighborhood, and one's club or gang; and through one's parents, one's peers, and one's fellow workers and superiors--to say nothing of the mass media. But the school offers what is probably the most accessible and controllable tool for education; and the school needs to be utilized fully.

At the risk of repetition, let me emphasize, briefly, that the abuse of alcohol is a universal problem (at least, it occurs in all civilized societies); but it is not one problem: its etiology varies, and consequently its prevention and cure must vary. Alcoholism is also a stubborn problem in its resistance both to prevention and cure--which suggests that, at least for the present, a pluralistic approach is essential, and that short-cut, quick, miraculous results are not within our grasp. Again, it is clear that the school has a contribution to make; but more than the school alone will be required to safeguard and promote healthy attitudes and habits toward the use of alcohol.

This afternoon, a generous portion of time has been reserved for questions and discussion. I hope you will take advantage of this opportunity.

It is now my pleasure to introduce to you the first of our Panel members, Dr. Frances Todd, of the San Francisco Public Schools.

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THE TEACHER

Frances Todd, Ed. D.*

The first of my three points is that the teacher's major concern should be primary prevention of drunkenness among teenagers who experiment with drinking.

It is a tenet of the public health control of any disorder that preventing an illness before it can start is the most lasting way to conquer it. Although we do not know how to prevent alcoholism, because we do not know all its causes, we do know what causes drunkenness. But only about half of the selected adult test groups for the TV broadcast of the recent National Health Test knew even the most basic facts about alcoholic beverages. The need for broader and more effective ascohol education is quite apparent.

Many older teenagers experiment with drinking, often with parental knowledge, consent, and support, but almost none have had time enough to establish harmful routine habits of excessive drinking. I doubt whether alcohol education in school can counteract the stronger influences of the home, of our cocktail culture, of peer pressures, and of the haste with which we grant youth other adult privileges. How can a teacher challenge the custom of social drinking if it is accepted in the community in which he teaches, or expect to eliminate drinking in the face of the statistics about alcoholic beverage consumption?

Whether an individual drinks or not is a personal matter, but How he drinks becomes a public concern if his drinking results in antisocial behavior. We should teach about alcohol, not just against it. There's little we can do to stop drinking, but much we can do to control it.

Within the context of existing instructional media, even in classical literature or Latin, there are illustrations of the outcomes of the misuse of alcohol which the teacher can use to counteract forces of excess license, and to help young people develop values which will discourage immoderate drinking. Additional primary prevention should accrue by teaching specific ground rules about controlled drinking, such as slowly sipping a tall one while munching on protein tidbits at a social affair, rather than gulping a short strong one five hours after a light lunch and five minutes before battling the freeway. Or, by teaching why inexperienced drinkers are especially prone to intoxication.

Teaching about alcohol rather than against it is not synonymous with encouraging drinking. Rather than brainwashing or indoctrinating against all drinking, we should stress the positive advantages of either abstinence or controlled drinking. Drinking is controversial, but it is not the teacher's job to decide that debate for anyone but himself. On the other hand, drunkenness is not controversial--its just plain wrong, and it can be prevented.

Scientists believe that of every sixteen people who drink, fifteen do so moderately and one, immoderately. The teacher, with his captive classroom audience of nondrinkers or seldom-drinkers, seven out of ten of whom will probably eventually drink, is in a very favorable position to help youth become ineligible for the "one" club.

My second point is that all teachers are inescapably involved in the school alcohol education program and in its goal of primary prevention. The pupil whose parent is the unfortunate "1" alcoholic of the "16" statistical drinkers, comes to the classroom emotionally and often physically handicapped. His ability to learn is impaired by his preoccupation with forces he cannot understand nor accept. His apathy or even hostility to the school may be aggravated rather than relieved by the teacher who is not aware that to such a child the lesson is of little concern because of his feelings of insecurity. Guidance and counseling, human understanding, and supplemental learning opportunities can help this child, as a child, and as a learner. If such help is unavailable, inadequate, or postponed until poor behavior patterns are set, it is likely that he will seek solace from his feelings of personal inadequacy and his lack of basic skills the same way his alcoholic parent does.

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My last point is that alcohol education consultants or specialists are needed in each school and/or school district.

Alcohol is so complex a subject and drinking is of such controversial nature that every teacher cannot be expected to be fully competent to teach units of instruction about alcohol. Mastery of the subject matter alone requires depth and breadth interdisciplinary study of its sociological, psychological, medical, physiological, and economic facets. Any teacher, given time and interest, could learn and dispense facts, but not every teacher has personal attributes which enable him to develop in young people attitudes and values that will lead to their selection of any uncontrolled drinking and their acceptance of personal responsibility for its prevention.

How we teach about alcohol is even more important than *what* we teach. An alcohol education consultant needs personal qualities which cannot be acquired by taking a course or reading a book. He must be emotionally mature, stable, and secure. He must be sensitive to the community climate concerning drinking and aware of the influences of varying familial and religious beliefs. He must separate his own biases from facts and objective judgments. He must like young people and be liked by them. He must know how to channel advantageously the powerful gang influences of adolescents. He must do far more than *tell* about alcohol. He must help students discriminate between real and false values, and between facts and propaganda, and guide them as they unsnarl their confused and conflicting feelings. He thus aids in the development of a quiet pride in controlled behavior in a variety of life situations. With such pride, and with adequate knowledge about alcohol, young people will look with sadness, not amusement upon irresponsible drinking by anyone of any age. And from these values will develop a belief that when and if alcoholic beverages are used, their use should enhance human relationships, not threaten nor destroy them.

To summarize, let's shun such unrealistic goals as preventing chronic alcoholism, a task no one has yet been able to accomplish; or preventing drinking in a community which obviously considers it a social custom; or expecting total abolition of all human problems related to man's age-old desire for quick relief from human tensions; or predicate instruction on blind faith that teenagers don't experiment with drinking.

Instead, let's make available adequate community and administrative support for education about alcohol to our youth, the only segment of our growing population which has not yet had time enough to establish harmful habits of excessive drinking. Let's teach them the lasting values of abstinence, if this is their choice, or how to likely limit their drinking, should they choose to drink. Let's teach them the warning signs that indicate when the latent for potential danger in alcohol may be a real threat. Let's teach them social and personal responsibility toward those who are ill from any cause.

Let's teach them how to survive in our cocktail culture.

Discussion

DR. CONRAD: Now, are there any questions or comments from the floor?

I would like to start out, if no one else will, with a question. What do you do with parents who object to what you are teaching? There are some who favor abstinence, there are some who favor moderation, there are some who favor all kinds of doctrination, etc.

DR. TODD: I think again if we are teaching about alcohol, about the custom of drinking for those who choose to do so, that there should be an awareness of the fact that--at least in the community I come from, which is one of the highest in alcoholic consumption as well as in alcoholism in the whole country--we are not recommending drinking or not drinking.

DR. CONRAD: What about the misrepresentation by the pupils when they go home and say you did tell them what to do?

DR. TODD: Well, I think we get this in almost anything, and you have to handle that situation by ear. I have never been faced with it specifically, but I think you play it by ear at the time. The same thing comes up in sex education. It comes up in other areas when you are trying to teach them so as to help them establish values--facts, values, attitudes. I think you have to expect to be misrepresented and misunderstood.

DR. MADDOX: Apropos to what someone was saying this morning, and to what I think I feel, too, there may be a large number of people who might be very relieved that somebody is dealing with these issues. If we went back 15 or 20 years, the kind of issue you are raising might have been the frequent experience of a teacher. It may be that a teacher venturing in this area now will discover relief rather than concern on the part of the parents.

DR. HEIN: I would like to ask how your work is organized in terms of school program. Is this part of a total health education program, or what is it?

DR. TODD: I come from an area where there is no such animal as to total school health program. My interest is purely as an individual classroom teacher in my own classes, with an interest shared by some of my colleagues.

DR. YOHO: When you get beyond the facts that relate to the law and scientific facts about alcoholism, where do you get the facts about alcohol which you teach? I can't find them myself.

DR. TODD: What facts are you referring to?

DR. YOHO: Well, I understand the facts in relationship to the law as the panel mentioned this morning, and that there are facts relating to what alcohol is, but where do you get the other facts about the problems related to alcohol, whether it is a disease or whether it is a symptom of a disease, etc?

DR. TODD: Well, you are asking where I get them. I have quite a collection of references because of my interest in the field, a combination of some of the things that have come out of Matt Curtis and various public health and school health and medical journals, and sociological sources of that nature.

MRS. SANDS: I just want to say I think this is one of our problems, that we don't have a lot of resource material in one spot, and this becomes a problem when you are going to find your person who is going to teach about alcohol.

I am motivated by it because I am a health teacher, or feel alive with the cause or something, but when it begins to be relegated into other areas of the curriculum, this is where you are going to run into trouble. The civics or Latin people aren't going to be motivated. This is the problem. If they have to look too far to get the facts, they have so many other chores related to their own subject matter that they don't want to be bothered or they can't handle it, and then they have it done not at all or done inadequately or incorrectly.

So the fact is we just need the time to find the material.

I use Miss Todd's book. That is one of the reasons I appreciate it. Some of the material is gathered for me.

DR. SILVERMAN: I think I may relieve some of you who are concerned with this by pointing out that Rutgers has available a fantastic amount of background information.

You also may be interested to know that the government, through the National Institute of Mental Health, will present probably within the next few months a governmental report summarizing the present state of knowledge in this feild as indicated by the outstanding authorities in the field.

DR. BYLER: Could I contribute to this, to call to your attention the availability of the Archives collections that are now available in some states.

DR. CONRAD: May I ask a possibly--I hope a final--question? Is there not also a possibility, when a class of students is alienated from the teacher, that whatever the teacher says has definitely negative value in the sense that if she says one thing the class believes the opposite?

DR. TODD: I believe this is true, and I was alluding to that when I said I thought that how alcohol education is taught is even more important than what is taught.

DR. CONRAD: We educators always try to find an argument for higher teachers' salaries, and I was thinking if we had better teachers, teachers with more prestige and ability, they might get along better in this domain as well as in all others.

MR. LEWIS: I wonder if you use any visual aids in your presentation of the subject matter.

DR. TODD: Yes, I use some of the films and some film strips, and some of my youngsters in the past have made some rather interesting things, the value of which was in their constructing them, but which are good enough to use as interest-getters, if nothing else. . . . I think there is a big need for different types of approaches for different communities, as was brought out this morning.

MR. LEWIS: In other words, you--as a teacher--feel that it is important to have more up-to-date visual aids to demonstrate the subject matter to the students?

DR. TODD: More variety of things from which to choose for the particular classroom situation.

MR. LEWIS: And is this something that the Federal government could provide for us?

DR. TODD: They could probably spark it. I think it should better come from people who are doing this in the field with the financial blessing, and so forth, rather than a theoretical approach.

MR. LEWIS: In other words, it could be used across the nation rather than something that can be developed in an individual State?

DR. TODD: Oh, right. Right.

MR. LEWIS: And you also feel, I take it, that there is a great need for this?

DR. TODD: Oh, yes.

ALCOHOL EDUCATION IN PUBLIC SCHOOLS

Charles E. Holloday*

The problems involved with an administrator trying to develop units of study and courses of study, that will be effective in the teaching of alcohol education, are multiplied because we lack knowledge in this area.

Most school administrators find that the problems they encounter, when you begin to discuss an effective program in alcohol education, are so difficult that they get discouraged and, in most cases, fail to do anything along this line. Some of our problems have been the lack of perparation on the part of teachers; lack of materials to teach this program; the lack of time to bring this program to its conclusion; the lack of interest on the part of students, parents, teachers, and community as to the need of this program; and the misunderstanding or (understanding) on the part of some that this is a job that should be undertaken only by the church and home. Whatever the barriers we have encountered concerning this program, most of us have not been too successful in making this part of our school program meet the needs of the boys and girls. If we are going to have well educated and well rounded citizens, then alcohol education becomes a much more important part of their total education.

The community that I represent has been most fortunate in working in this area in that we are able to work with Mississippi State University and their Department of Sociology and Anthropology in securing information that helps identify needs and areas of concern on the part of the students, community, and parents. In addition to having a complete survey made of the community concerning attitudes and drinking habits, we have secured the services of two half time alcohol education workers, through a grant received by Mississippi State University, to help develop a program that will be significant in the teaching of alcohol education. These instructors will work with materials, students, parents, religious groups, ministers, officials, civic groups, and others to try and determine the best ways of arriving at a solution to our problems. This program has been very well received in our community with much interest being shown on the part of all concerned. This is a five year program and one, we trust, will offer some results worthy of the effort involved in the study.

A separate study on the attitudes of students on alcohol education in two communities by Dr. Gerald Globetti of Mississippi State University pointed out,

> "First, this investigation demonstrates that the students desire to learn more about alcohol and its use. However, few are receiving such information and the quality of that which is transmitted is questionable. In both communities the organized agencies of the family, school and church should be indicated for their lack of concern in this area. The use of alcohol is part of and entrenched within the student subculture. Yet, if a student wishes to discuss it, he must in most cases turn to his age peers. One can hardly fail to draw the parallel between alcohol education and sex education."

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"Second, educators have no reason to doubt the students motivation to learn about alcohol. However, he should realize that to a young person the use of intoxicants is a sensitive topic. If a student seeks his advice about drinking he should be understanding and trustworthy. For in discussing alcohol with someone, these are the characteristics for which a young person looks. Furthermore, parents and school officials in the two communities have little to boast about in their instruction concerning alcohol. Few students would turn to school officials to discuss alcohol and although the young people would turn to parents, the data indicate that few parents actually discuss alcohol with their children."

"Finally, the students have a vague idea of the meaning of alcoholism and realize that the alcoholic needs help. This is encouraging for these young people are the future community leaders. In addition, since a number of students have an alcoholic within their close kin of interacting groups, they should have some information on how to cope with the attendant problems associated with alcoholism."

Alcohol education development will be no stronger than the people who promote and work in this field. I am astounded by the lack of interest on the part of educators generally. We have tried our best to turn this over to the health department and they had a tendency to salve our conscience with the thought that others were responsible. We must promote the same concern for teaching alcohol education that we have for English, social studies, math, science, and other areas of study. When this becomes important to us we will find the teachers, materials, equipment, finances and anything else necessary for success in alcohol education.

Discussion

MR. DEMONE: I was wondering how the community has responded to this program.

MR. HOLLODAY: We have been very pleased. This was a question that entered my mind when we gave permission to do the survey within our schools. But I have not had a single telephone call or a visit from a single person who objected to this study.

And I might mention, along with this same idea, the sex education that was mentioned a little bit before. We have recently had some interest in this area, and this is another field in which public schools do not take a very active part in promoting education. We invited psychologists from one of our local universities to speak to our student body. I took the boys by grade, and he gave them the basic facts of life, as basic as we could make them. One of the boys said to another one, "Wait until my mother hears about this. She's going to call Mr. Holloday." But I have not had a single call about this, and I think this brings out what was mentioned a moment ago, that parents are relieved--they are looking for somebody to work in this area, and they are glad to have some assistance in it.

DR. MADDOX: I know something in a secondhand way about the situation which might throw some light on why there has been less furor than was expected.

The people that went into these communities asked these professional people, teachers, parents, whoever in the community was interested, for their help. They wanted them to look at the various kinds of information that might be given with the idea, not that this is what your children ought to be receiving, but asking--given the alternatives--what would you like your children to be exposed to? My impression is that the parents have responded, which goes back to this point that here people may be waiting--especially if they have the option, or what appears to be the option--of making some impact on determining what, as a matter of fact, their children do receive.

MR. HOLLODAY: You might be interested in knowing there were to be five communities involved in this study; for some reason that I never could really find out, only two studies were completed and three dropped by the wayside. One of the communities was on the Gulf Coast, one on the Mississippi River, and the other was to be in the south central part of the state, which would be a rural area in its entirety.

DR. CONRAD: Did you engage in any teacher training before this work was started?

MR. HOLLODAY: We have had the alcohol education workshop at Mississippi State and Mississippi Southern. We have had from our staff two or three persons in attendance every summer for the last three or four years, with expenses paid. Now we have some trained people on our staff. Usually we send physical ed, science teachers, principals, others who just had an interest in this area.

By and large, we do not find that these people are adequately trained prior to going to this workshop. But they would come back with a real good foundation, and we feel it can help in the community and school.

MR. LEWIS: In Connecticut, we sent out a questionnaire to every superintendent of schools, these superintendents stated that they considered the obligation to teach about the effects of alcohol as important or very important, while the teaching colleges did not consider it important. There was a definite clash of opinion here, we regretted the fact that the teaching colleges were not cognizant of the needs of the superintendent.

I would think that this is a subject which could be discussed at future meetings of HEW and teaching colleges. Our experience in our state indicates that they do not regard this subject matter important enough to alert their would-be teachers.

DR. CONRAD: We have at the end of the program a report by a college teacher, and maybe Mrs. Sands will be able to give us some help on this.

MR. LEWIS POLK: I notice Mr. Holloday mentioned the Department of Health. I wish he would elaborate on that just a little more. I didn't quite understand what their part was. Did they ask for Health Department assistance, and if so, did they receive it or not?

MR. HOLLODAY: We have had just tremendous cooperation with our local county Health Department.

By and large, most school superintendents and most schools have left sex education and alcohol education and other controversial subjects to an agency which wasn't connected with them personally. They have had speakers come into a school--for instance, in a biology class, when they are teaching the unit on alcoholism or the use of alcohol, or alcohol itself, then they would bring in a speaker from the Health Department.

This is really about the only way they have been helpful to us, and mostly we have said, "Well, this is something that they could do, this is somebody else's job, not ours." This has been true with the churches.

MR. POLK: Do you see any future activities here for the health department?

MR. HOLLODAY: Oh, yes, I do. I could say now one of the real problems that we face--is obtaining materials to develop units of study: Some listed materials are out of date and aren't available.

A number of the films that we secure now we order through the State Health Department. One of the things that we are going to have to do if we do an adequate job, is make these materials readily available to the teacher, and in good operating condition.

MR. YOHO: May I ask again, is this a separate course on alcohol education, or is it a unit within some other course, such as health or biology?

MR. HOLLODAY: At the present time, we are not teaching a separate course of alcohol education. This is meshed into our science classes, into our physical ed classes, in our home room activity, and in our driver education activity.

We think that from this study we will be able to develop enough material to bring in a separate course as our driver education is at the present time, taught at the junior high school level. We don't know exactly what level, but somewhere in this age group we will have a course offered like our driver education, which is a part of a year, not a complete year, offered as a separate unit and required of all students.

MR. HEIN: So many things have been mentioned here that do have priorities in terms of health--smoking, sex education, alcohol education, venereal disease education. My question is wouldn't it be nice to have a person with a major in health education and a course in health education where all of these things could be grouped and taught and given proper priority?

MR. HOLLODAY: Yes, sir.

DR. HOCHBAUM: I was rather shocked with the fact that you collected data to begin with, before you planned your program, which is very good. Will you be able to make any attempt to evaluate the effectiveness of this teaching on the children? I mean, does or will the program have any effect on the children's drinking behavior?

MR. HOLLODAY: Are you talking about in our community?

DR. HOCHBAUM: In your community--either way.

MR. HOLLODAY: This program we have developed, and in which we are using federal money to do this job, requires a report. This survey that we have done recently on the attitudes that I mentioned was a part of this continuing study, and we will actually have some follow-up studies made. We think we should be able to see some results, negative or affirmative, in this study before it is complete.

DR. HOCHBAUM: May I ask, when you talk about results, do you mean in terms of, say, how many children drink, when, where, how much, etc., before and after?

MR. HOLLODAY: Yes. This information is available to us now, not by name, but in a statistical form. Actually we could get this information by asking the children. We have identified them generally. I could go into our high school and pick out the youngsters who are potential alcoholics today. We have a teacher's son who is a brilliant boy and whose father has a fine federal job, and his parents just can't get him off alcohol. He has a real problem. His parents have a problem, and the community is going to have a problem.

One of the things that we found, is that children from certain religious backgrounds have been less likely to be involved in the excessive use of alcohol than those from others. As I mentioned, we are predominantly Protestant with a Baptist denominational background, and this has given us a great deal of difference between the two communities even today. If any of you have a chance to read these studies, you can see that immediately.

DR. CONRAD: No religious group is immune. I received a few days ago a proposal for a study of alcohol education in Utah, which, of course, is dominated by the Mormons, who are not supposed to drink alcohol at all. This is a universal problem in all groups without any exception apparently.

MISS VICTOR: Wilma Victor from Utah.

I thought I had better explain a point. A few years ago the State's average consumption of alcohol was about sixth in the country, but the state explained it by noting that tourism is extremely high.

DR. CONRAD: Undoubtedly true.

MISS VICTOR: I had a question for Mr. Holloday. He spoke of extending this training to the junior high age. I wondered if the original survey didn't indicate that there would be an advantage of going even further down.

MR. HOLLODAY: Now our survey did not go into the elementary schools, which would be 11 & 12 year olds. We did start with the seventh grade, 12 and 13 year olds, and we found that a lot of them had their first drink somewhere in this neighborhood. This is the thing, we felt like this ought to be the place where we would start.

DR. CONRAD: Are there other questions?

DR. SILVERMAN: Perhaps some of you might have done a double take--as I did earlier--when Mr. Holloday pointed out the possibility that you can predict potential alcoholics either by intuition or by any other technique. Recently, as some of you may know, we have been rather grudingly reaching the conclusion that you can.

For the last six or seven years we have been working with Sadoun and Lolli on national drinking patterns including a nationwide study in France conducted with the French Government. These are all retrospective studies and they suffer from the same statistical weaknesses that all such investigations do. Nonetheless, we have studied large groups of clearent alcoholics in comparison with abstainers and normal drinkers. It has become quite clear to most of us now that, retrospectively, we could have picked out these people who have now become alcoholics--not during their late teens or in their middle teens--but probably by the time they were 12 or 11 or 10 years old, at an age at which many of these young Frenchmen had not even started to drink.

Thus, if we are withholding formal education until high school, what about the concept that learning about drinking--or developing drinking attitudes--is one of the so-called folkways? I think someone has said that folkways are generally learned by the time children are ten years old.

DR. CONRAD: Dr. Silverman, in the case of this retrospective study, you can predict a deviation, but aren't there many others who in the early ages show similar abnormal behavior which would lead not to drinking, but to some other maladjustment?

DR. SILVERMAN: Right. The goal of this would be picking out not merely the youngsters who will get probably into trouble, but those who will probably attempt to solve their emotional problems by excessive drinking.

MR. HANNERS: A moment ago the gentleman behind me indicated that it might be desirable to have one person teach all of these problem areas, and be specially equipped and trained. I know where a school is using the opposite approach; not that they are seeking unprepared people, but they are now having a two-day seminar on alcohol at a junior high school, and every teacher for those two days teaches about alochol at the level of his own training and background. This means getting every teacher involved. It means getting the PTA involved. They sent out some material from NCA to the whole community--to the parents, to the ministers, the press, the churches. This is what they were doing.

Now, to my way of thinking, this looked like one of the most hopeful things that I have ever seen in a public school, there was no serious reaction, not even a great deal of emotion involved in it. It was all very matter of fact. I thought it was very hopeful.

This material is mimeographed. I would be glad to send a copy to anybody who wants it, and then you could write to the people involved. They were going to follow this up to find out what the reaction was, both on the part of parents and teachers, and did it really reach the students.

DR. HEIN: Yes, what happened. Well, I don't think this is a question of either/or. Such a point of emphasis along the way would be a good emphasis, but we need a steady ongoing educational break that permeates the school all the way through with points of emphasis brought out and community involvement. This is fine, but it need not be one or the other.

DR. RICE: We are very interested in the learning program of children and youth. This morning one of Dr. Maddox's final points was that he felt the need is tremendous but he or had some apprehension about the interest.

I think perhaps from my own personal point of view that alcohol, smoking, sex, safety--you name it--are much too important to be left on the perimeter, to have us merely put out fires as they arise, as the problem seems to be aggravated in our various communities. I think our children are very precious and I think we ought to have a sound total health education program that reflects sound planning and the best interest of total health.

THE HEALTH EDUCATOR

Lena DiCicco, M.P.H.*

Our Division's chief aim in life has been to divert the community furor surrounding teenage drinking to concern about excessive drinking--on the part of both adults and teenagers--thus paving the way for school and church programs for young people with a common goal, i.e., helping them to define their own personal responsibility in relation to drinking. Our specific aim is to try to prevent excessive drinking. We try to do this by involving young people in a definition of standards to govern their drinking behavior.

We rely heavily on George Maddox's idea of building community consensus on goals. I have a number of stories I wish I could tell you on the avoidance and ambivalence cited by our speakers this morning--exhibited by school boards, administrators, clergy, police, parents and other segments of the community we have worked with in trying to hammer out a common understanding for program planning.

Instead, I will tell you about one very limited attempt to evaluate our Division's experimental approach to alcohol education in schools. The study I will describe to you took place in response to an invitation from a principal of a suburban Catholic boys' high school to "Come and use our school as a laboratory to test out any ideas you like." We accepted his offer before he had a chance to change his mind, a research design was submitted to him and we were in business. ("We" also includes our Division's psychologist, and our researcher who is a social psychologist.)

We wanted to see whether small group discussions led by trained adults could have any effect on changing students' attitudes on drinking and drunkenness.

All junior students in this high school were randomly assigned either to experimental groups (small groups to discuss drinking) or control groups (small groups to discuss other topics like Vietnam, civil rights, birth control, etc.)

There were 12 alcohol discussion groups and 10 control discussion groups, with an average of 9 students in a group. The groups met for one period (40 minutes) each day for five consecutive days. Discussion group leaders on alcohol consisted chiefly of junior religion teachers--all brothers of the same religious teaching order. As part of our pact, the brothers participated in an 8-hour training program held one night a week for four weeks prior to the program--led by staff from the Division of Alcoholism.

To evaluate the program, students filled out questionnaires on drinking before the program began, at the end of the program and one month after the program was completed.

The questionnaire used is one developed by our researcher to help us evaluate results of our educational programs in terms of scores received on attitude scales. Two Likert scales are used: one scale measuring responsible use and one scale measuring irresponsible use or drunkenness. Both scales have been found to have satisfactory validity and reliability. A combination score computed by subtracting drunkenness scores from responsible use scores was also used.

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Following are some examples of items in the responsible use scale with which subjects are asked to agree or disagree: (1) Alcohol used in moderation can be an important contribution to social relationships; and (2) The use of alcohol is a custom which should be abandoned by our society. Items in the drunkenness scale include statements like (1) A person who has never been tight or drunk is really missing a good thing; and (2) Getting drunk for kicks is part of growing up. Forty-two items comprised the attitude scales.

The questionnaire also included 17 items to measure knowledge about alcohol and alcoholism.

Now for some interpretation of the attitude scales: A high score on responsible use indicates that the respondent is tolerant of moderate (responsible) use of alcohol. A high score does not necessarily mean that the respondent thinks he himself should drink or that everybody should drink, but indicates that he recognizes that there is such a thing as responsible drinking and he does not condemn people who drink in this manner.

A high score on irresponsible use or drunkenness indicates that the respondent thinks excessive drinking or drunkenness is all right.

Since, as might be expected, the responsible use and drunkenness scales are fairly highly correlated, the combination scores computed by subtracting drunkenness scores from responsible use scores is the best measure of "healthy" attitudes toward drinking, in terms of our alcohol education philosophy. A high combination score means that the person scored high on responsible use, and low on drunkenness.

The aim of the program was to increase scores on the responsible use and combination scales, and to decrease scores on the drunkenness scale.

The data, not yet completely analyzed, indicate that the program was successful in terms of the stated goals. In the alcohol groups there were statistically significant increases on the responsible use and combination scales between the pre-test and the first post-test, and an almost statistically significant decrease on the drunkenness scale. Control groups showed no changes. The changes for the alcohol groups held up in the second post-test given one month after the program. On the second post-test the control groups showed significant changes in the wrong direction on the drunkenness scale (i.e., they increased).

Significant changes in knowledge took place in the experimental groups and no changes in the control groups--as measured by both post tests.

We know we were operating under ideal laboratory conditions in this study, perhaps difficult if not impossible to replicate--but its results have renewed our courage to continue in this field against odds which some days appear to be almost insuperable.

Discussion

DR. BACON: It seems to me that I see a real difference between what Dr. Todd said and what Miss DiCicco said as to the purpose. It seems to me that in the latter we were hearing that we want to change attitudes and information, and in the first one that we can at least all agree on a first central thing, which is to stop drunkenness or prevent drunkenness.

Now although it may be that, if you change the attitude, you change the drunkenness, it does seem to me that these are two rather different goals from the point of view of classroom activity planning and the like; and I am wondering if Dr. Todd sees there is any difference or if it is just pulled out of the blue academically.

DR. TODD: I don't think I see that difference. One of my beliefs is that if you can develop in an individual an attitude that drunkenness is the improper use or unsafe use, or it does not lead to happiness, and so forth, that this is attitudinally based in part on certain ground rules, as I use the term.

I don't feel that they are divergent, and again I think we have just a diversity within a given classroom, certainly within our total United States community--that a certain emphasis may be more fruitful in a given time in a given classroom in a given community than in another.

I don't feel they are divergent in any way. I feel they are both aspects.

DR. BACON: Seems to me, the educators are going to have to decide whether they are aiming towards changing attitudes and information or whether their real goal is changing behavior, or whether one leads toward the other; because isn't it at this point that the conflict between certain groups, church, family, and school, will come directly in?

I wonder if this isn't a problem for some school groups. Which are you intending to do?

DR. TODD: Do you think we have to make the choice?

DR. BACON: I think maybe the parents and the church groups and others will ask you to make that choice, or ask you not to make one of those choices.

DR. CONRAD: May I suggest putting it this way: that all groups are agreed on the goal. The teacher would, let us say, feel that the goal can be accomplished by the development of certain attitudes, and it is in the particular attitude that she generates that there may be some questions. Is that your point?

DR. BACON: I was asking if they are two different goals.

MR. LEWIS: May I call to your attention, Dr. Bacon, that we have here the East Coast, and with Dr. Todd we have the West Coast. Maybe Dr. Todd's approach on the West Coast is more easily received and will be more acceptable than the East Coast approach.

I think there is a difference. I really do. Because in Connecticut, I think we would be more aligned to the Massachusetts point of view than we would to the California point of view, and I would see this as a changing cycle as you go across the nation.

MR. HOLLODAY: Are you saying now it is all right to get drunk in Connecticut but it is wrong to get drunk in San Francisco?

MR. LEWIS: What we are doing is trying to slow the process down. When we get involved with parents and teachers, we talk in terms of trying to create parental involvement on one side, as well as education involvement on another side. We are attacking the problem here through these two sources.

Law here is not a deterrent. The minute you come to the conclusion that law is not a deterrent, you recognize that you are not going to stop it through law, that you have got to use a different approach. Let's see if parents can get their youngsters to slow down, and let's see if educators can get the students to think about slowing the process down.

DR. TODD: I think we can all agree on the goal of preventing or certainly slowing down, any use of alcohol that is uncontrolled. It is "bad" for an individual.

But I think the means are going to vary. I use various means in various classes. I have two sections of physiology 1, and because of differences between those two supposedly identical classes, I will use different approaches. I think perhaps this is--again getting back to the Federal involvement here--a smorgasbord type of thing needs to be made available countrywide.

MRS. MANN: Seems to me this discussion revolves around a placement in time. Before one changes behavior, it is necessary to change attitudes. So obviously the beginning is to change attitudes, out of which you hope will come changed behavior. This is why Dr. Hochbaum is asking what kind of studies had they made before to find out what changes had occurred after.

Well, there is only one thing that worried me about what Dr. Hochbaum said. These programs are designed--certainly Mr. Holloday's, and he was speaking right after that--for junior high school, which is 10, 11, 12 years old. I don't think they would be drinking

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before that. I really don't. And so I don't really see how you could do a before and after evaluation on their behavior about drinking. You might be able to on their attitudes toward drinking, what they know about it. But you aren't going to at that point--and we are talking about alcohol education at a quite early age. We almost have to talk about attitudes. We are not ready for behavior yet. It is only barely beginning. Certainly on evaluation we can't do it on behavior.

DR. CONRAD: I suppose there are exceptions to every rule, and I would suggest that normally attitudes do have something to do with behavior, although not always, as Dr. Hochbaum will now explain.

DR. HOCHBAUM: First, I would like to respond to this. I don't know how many of the 11-year-olds have already been drinking. I don't know what the statistics are. But there are ways of still evaluating changes in behavior, as has been done, for example, with respect to smoking, where you can predict according to certain data what the curve ought to be. In other words, you extrapolate from various ways how many you would expect to smoke at a certain age level; and if you find out in some schools where a smoking education program has been carried out that the curve falls below the expected level it is an approximation, but there are ways of doing it.

I think changes in attitudes are a reasonably good indication that some change has taken place, and as an effect of the program. In that sense, I think it is a good direction of evaluating. But although you said there is relationship between attitudes and behavior, the relationship is not a very close one, certainly much less close than we psychologists used to think at one time.

Kinsey has shown, for example, how very little relationship there is between attitudes toward certain sex practices and actual behavior. In smoking, we know from various national surveys that the overwhelming majority of Americans, including the smokers, have the kind of attitude that we would like to induce in them, but how much effect it has on smoking practice is open to question.

One other point, if I may take one more second. This kind of attitude scaling that was used here is very closely related to what the children learn in school. To some extent the answers they give to these kinds of questions are determined by what they know the correct answer is supposed to be. In other words, they may not be deliberately cheating, but they may give the answer which they know the teacher expects or the researcher expects be given.

So I am not trying to deny the entire validity. But I keep saying over and over again that a true evaluation has to relate to the purpose and objective of our program.

If we set as our objective of an education program merely to change the information that students or the teachers have about drinking, then the best measure is to give them the test and find out how much they know before and after. If our objective is to change attitudes, then an attitude measure would be the criteria measure. But if our objective is to change the pattern of drinking behavior, then the only real good reliable measure will be to what extent has the pattern of drinking actually changed; not just in amount, but in the conditions under which drinking takes place, and so forth. I realize this is not easy to get, but it can be done.

MISS DICICCO: I couldn't agree with you more. In fact, we did put in several questions that would give us some measure of how much drinking and how many drunkenness episodes these kids were undergoing. There was less than we expected. There was so little that I don't think it is even going to be measurable even in the one-month-post kind of thing. At least our researcher didn't think it was. And you know, granted the facilities, it was a practical decision. We would love to do a longitudinal kind of thing, and keep at it, and so forth, but this was the simplest thing we could do within the means we had.

DR. BRUYN: I am stimulated to do a triple take, following Dr. Silverman's double take on the predictability of the alcoholic, which I have now heard twice. I would like to hear what Mr. Holloday would say about the predictability in his study in the light of the current discussion that has been presented.

MR. HOLLODAY: Well, I think I would have to admit you would have a difficult time saying that in every case you would be able to determine whether this youngster is going to be an alcoholic. This isn't so. But you could say that with a continued pattern of behavior and activities, you could assume if he continued to do this, this youngster or this adult would very likely be an alcoholic. This was what I was talking about.

DR. BRUYN: What were some of the clues that led you to this prediction?

MR. HOLLODAY: I assumed if this youngster had a continuing drinking pattern which was a crutch--The particular youngster I had reference to was a very bright boy--I assumed that for some reason, he shied away from girls, and used alcohol in place of this. We had a terrible time with him, and he really loaded up.

Well, the thing that I could immediately see was how this affected his grades, his relationship to the school and to the home, and I am sure to the church and to the community. If he continued with this sort of activity, he would very likely be an alcoholic.

He was a real striking example, but you could pick out some other youngsters for whom this would also be true. You can pick out delinquents at a very early age, and I think you could do this with the potential alcoholic.

MR. HANNERS: Dr. Mary Jones has taken the Berkeley children's study and has gone back over it, about 30 years ago after she started it. She has been able to find exactly these same characteristics. That is, if they had been looking for them at that time, they could have identified these people who later on became alcoholics. All of them exceptional children, very bright, higher than average homes, and a very high rate of alcoholism.

If you haven't seen her study, Doctor, you might be interested in checking on that.

DR. MADDOX: I understand it is desirable to label people early in the interest of trying to intervene, but I personally take a dim view of taking the label of alcoholism and using it, I think, rather loosely on some youngster--saying we believe they are high risk. We suspect they are going somewhere and will be in trouble. But I think there are both practical and theoretical ones for avoiding the attachment of alcoholism, even using this word, on these youngsters.

I simply want to introduce a word of caution about using the word alcoholism to describe behavior of an 11 or 12 year old.

MR. HOLLODAY: He wasn't 11 or 12.

DR. CONRAD: We know the confirmed alcoholic who has a good deal of knowledge about alcohol and could give the right answers on a test quite conscientiously. Do you think there is any possibility that in the case of younger persons there is a closer relationship between expressed attitudes and expressed behavior, Dr. Hochbaum?

DR. HOCHBAUM: I have no reason to think so. But I don't know the answer.

DR. CONRAD: It would be worth investigating.

DR. HOCHBAUM: Perhaps among very young children, I would say yes, there is some evidence.

TEACHER EDUCATION

Robert D. Russell, Ed.D.*

The process of learning about alcohol and its use as a beverage begins for the teacher, as it does for all, in the growing and developing that centers in home, church, school, and community--wherein there are interactions with adults who use, misuse, and do not use these beverages. The teacher may have been taught something about alcohol in his or her own junior or senior high school years--teaching, if it occurred at all, that probably was too brief and relatively non-memorable. The teacher may have taken a college course or two dealing with the subject, but, if so, it typically would have involved only a quick look at some aspect of problem behavior related to alcohol use. Teacher education courses (at least in health education) might add some insights, but the major source of any genuine understanding would come from independent, self-motivated study and reading or from some form of structured in-service education--a summer school, workshop, or during-the-year seminar.

The teacher, of course, remains an individual who has had certain personal interactions with alcoholic beverages and has made certain decisions about personal use. The teacher's basic personal point of view tends to affect his or her teaching, for the more the teacher sees drinking as problem behavior the more the teaching tends to focus on problems.

None of these experiences, however, has attempted to give the teacher a way to think about this subject--at least in the sense of a structure of the knowledge for the subject field. The School Health Education Study, a nationally-based, foundation supported research effort, has, during the past two years, been attempting to do this for the general subject field of which alcohol education is a part.

I am part of the Writing Team for this Study, and what follows is my interpretation of the "framework."

This approach takes seriously the WHO definition of health with its three dimensions of well-being, building the curriculum on the premise that situations, decisions, and issues involving the health of an individual are affected by the physical (the body), the mental-emotional (what a person knows and how he feels), and the social (how significant others react and advise).

Most importantly, for this particular subject area, the approach is not problem-centered, but is concept-centered. The primary thesis is not that alcohol is a problem, but that it is a part of human existence, and its use may produce various effects, some of which are defined as problems. Three key concepts tie all health areas together, forming the unifying theme of the curriculum; for alcohol use they can be expressed thusly (sacrificing completeness for conciseness): the Growing and Developing individual, probably during the teens, Interacts in such ways with others who use alcoholic beverages that drinking becomes a possible, personal behavior. The Decision to take a drink then brings about an Interaction with the beverage and new Interactions with the total experiment, including those who drink and those who do not. These Interactions require new Decisions, and this all becomes part of the continuing Growing and Developing process. The major concept to be developed for this area is that the Use of Alcoholic Beverages

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Arises from a Variety of Motivations, implying that what happens after drinking is most significantly related to the individual's reasons for drinking.

Another important learning for teachers is the relationship of facts and values in relation to alcohol use. No fact can be translated into an attitude or a direction for behavior without an accompanying, appropriate value. Most of the traditional values in this field have involved safety and the folly of risk-taking. However a teacher feels, personally, he or she should be able to recognize the values which accompany facts in the development of a concept.

Pre-service education of teachers has a certain advantage in having extrinsic combined with intrinsic motivations (in the form of grades), but has the disadvantage of no real teaching context for the learners. In-service education has the advantage of building on experience and a real teaching context, but rarely has anything beyond the teacher's intrinsic motivation to encourage new learnings.

Both are necessary, and in being responsible for either those who teach teachers are going to have to experiment more and devise ever new ways to make new ideas non-threatening and appealing enough to affect--for the better--the way teaching in the schools is conducted.

Discussion

DR. CONRAD: Dr. Russell, I wonder if you could make more specific some of the concepts that you feel are essential for this framework.

DR. RUSSELL: Yes, I would like to make clear at this point that here we are experimenting, we are trying to experiment with some evaluation which is relatively unique in education, I think. But we are motivated by the notion that we can't possibly cover all of these areas in the health curriculum and cover them in the way in which those who are most dedicated to their knowledge would have us do.

This is the heirarchy that George Maddox was talking about, even in the development of curriculum. So there is a presumption here which will be interesting to try to test out, that again it is consistent with other approaches; and that is if you can learn to think about this health area through certain topic areas, you don't have to cover them all, it gives you then a way of dealing with something that you haven't covered already.

Now this is a kind of pipe dream. Essentially, what we do now is simply attack every problem in its unique capacity, which means we are really saying it has very little to do with all these other problems, and therefore we have got to study all the problems separately and uniquely. This is absolutely impossible in the school. Therefore, the school's function is to try to develop a way of thinking about these areas of life. This is what they are, rather than problems. They are ways in which people behave, and the ways in which they behave sometimes are defined as problems.

For instance, we said our essential concept here is that the use of alcoholic beverages arises from a variety of motivations. We are using this term "use" as encompassing use and misuse and non-use. In other words, it is a generic use of "use."

Then one subconcept under this is that alcoholic beverages range from mild to strong and produce a variety of effects in individuals who use them, and even here we are trying to define mildness and strongness in relation to situations. So that saying beer is mild and whiskey is strong is only a beginning; actually, if you consume three quarts of beer in 20 minutes you have had strong drinking. If you have consumed a highball in two hours, you have had mild drinking.

So this is what we are trying to talk about, this situational sense of mild or strong, and that the effects produced are essentially related to the individual rather than to some kind of pattern that you begin to expect.

And secondly, we are saying that use of alcoholic beverages may result in health and safety problems. Here is one of the concepts on problems, but it is tucked in between this one on the effects; and the third one, that many factors and forces influence the use of alcoholic beverages.

DR. HOCHBAUM: You mentioned before that facts take on meaning in relation to something else. Now you brought out just now that one of the things you are concerned with, beer is weak and whiskey is strong, five drinks will do more than one drink. Well, how about the child who would like to get a little effect without the bad effects and he will say well, I will restrict myself to beer drinking or to one whiskey. How about the child to whom you teach the same facts and who says, "That is exactly what I want. I want to get drunk." So he will learn from you in a sense how to get his own wishes satisfied, his own desires satisfied in drinking the whiskey.

Wouldn't you have to teach the things in relation to the particular needs or wishes that the child or the adult wishes to satisfy?

DR. RUSSELL: Well, I would say there is a basic difference between counselling and education, unless you have a whole class of youngsters who have the same particular problem.

I think it goes back to the analogy you use in driver education. The driver educator who worries over the fact that Steve Trimble back there in the back is learning this and he looks like he is paying attention, but he is really going to go out and race his dad's car down the freeway--you know--he'd quit, he wouldn't teach, if he had those kinds of fears about how individuals are going to distort.

You wouldn't make a speech if you thought, "One of those people out there is going to take what I say and take it back and change it all around and say, 'Hochbaum said so and so.' I won't say it. I won't take that chance." This is the sense of risk-taking that is involved in the whole matter of teaching.

DR. HOCHBAUM: I was not concerned with misinterpreting or misuse. You can't avoid that. But what I was trying to do is apply the one principle you talked about to what you said just now, that the meaning of whatever facts you tell them has to be defined in terms of the perceptions and needs of the person who learns the facts. So for the person who is looking to escape by getting drunk, instead of giving him the facts that by drinking three whiskies he will get the effect more than by drinking one beer, the problem may become to find some other meaning for his needs, and we perhaps help him find some other way in which he can get whatever effect he wants by a way which is less destructive than a fifth of whiskey.

DR. CONRAD: Is this question in line with what you are saying, what is the use of teaching these concepts if you don't at the same time do something with regard to the person's motivations and desires?

DR. HOCHBAUM: Exactly.

DR. CONRAD: Aren't you just constructing half a program, and the lesser half?

DR. RUSSELL: No, I would have to go to George Maddox's original concept here, that if the school expects to do the whole job, it is bound to fail. The school has to see itself in a particular relationship with the other forces of the community, other forces in the youngster's life, which also have some educational, informative function. The research thus far would indicate that the school has relatively the least influence upon behaviors and really the basic attitudes.

Therefore, I don't think it is the school's function to try to do all this, but to try to fulfill its function in the best way possible, to add its dimension to what needs to be done for each individual.

DR. MADDOX: While we are talking about the motivations, I would like for you to comment on the people I thought you would be talking about, namely, teachers. What has happened to the motivation of people who happen to be on the way to becoming teachers?

Do you sense any change in their interest in working in this area? In other words, what brings people to want to teach in this area?

DR. RUSSELL: Well, I don't know that I have enough perspective on this. I find, however, that teachers I have worked with are very interested in it. I have been using this approach with teachers in service. They have picked it up very easily and see sense in it.

DR. HEIN: I want to see if I understand what you are saying in response to Dr. Hochbaum's question. Are you saying that the role of the school is merely to supply information?

DR. RUSSELL: No, I would say the role of the school is to help the child develop concepts. Concepts are those understandings that influence behavior. Health education has never had a full place in the curriculum anyway. It is unlikely to get much more than it has. How can we utilize the time that we have? How can the school do what it can best do in any area? How can we encourage youngsters to think about and to understand how decisions affect the interactions that take place and are all part of the growing, developing process? . . . .

DR. YOHO: I can't help but observe years and years ago John Dewey said it is not our job to teach people what to do, but it is developing the kind of people that will know what to do. And so I think the point here is that we are talking about something that really isn't health education, but developing this ability and then somehow expecting the motivation to come, that once this is done that they will make the right decision.

DR. HOCHBAUM: May I be forgiven for taking one more moment?

I am not quite sure what you mean by concept. It may be a misunderstanding. But there are some studies in ways of influencing behavior of human beings, particularly children, and there are some indications from research at Yale University, Michigan and others, that with adolescents in the middle and upper socio-economic level, whatever it is associated with--better education, higher intelligence, whatever it may be--that intellectual appeals to the good and official consequences of an action are more effective, by and large, than emotional appeals that threaten consequences of not doing the right thing, while among children from the lower socio-economic level there is a tendency toward the opposite. The emotional fears of consequences, particularly if they are made very concrete, are more effective than the promise of some very beneficial long range effects.

It may have to do with the capacity to think in terms of syllogisms--if I do this, this would happen and this would happen--or with the concern about long range consequences as compared with immediate effects. Whatever it may be, I don't know how to interpret this. So it may be not only a matter of intellectual ability, but socio-economic ability and the kind of life that is associated with the lower socio-economic level than with others. And I do not believe general concepts--if I understand rightly what you mean by concepts--change one's behavior very much.

It may be in the area of mathematics, which is an unemotional activity, you don't get into trouble unless you don't know how to do it, that is it. But in the case of sex and smoking and drinking, I am not so sure. And I think these concepts take meaning on only if they fit in with what the person experiences every day.

If I may refer to a personal experience, when I went to school I learned and fully accepted the concept that when you have been drinking, when you are under the influence, that your judgment suffers, that your reaction time slows down. I knew it, and I believed it, and on every examination I gave the correct answer and got an A. But when I drove, that didn't apply to me because I knew whatever I had to drink--Cuba Libres or whatever I drank in those days--I knew, I could feel, that my judgment was sharper, my reaction time was faster. I knew it. So obviously it had a different effect on me than all the others.

But one little thing changed me. I took a course in experimental psychology and I had to conduct an experiment on reactions. I had to conduct it. I was not the guinea pig. And as part of the experiment, I took a drink--one drink--and I tested myself on the instruments. And although I was convinced, and wrote down that I had reacted faster, I found out according to the instrument I had not. I had reacted more slowly, and there were a number of other things. And this changed me, and now when I drive when I have been drinking, I drive very slowly. I keep my distance. I am very, very careful. . . . These concepts are fine, but they have to be tied in to some meaningful experience.

DR. RUSSELL: But you have also defined different learning experiences that you have had that changed your concepts as you went along.

DR. HOCHBAUM: The concept had to be anchored in personal experience and a meaningful experience to me, and evidently this applies to me.

DR. RUSSELL: But there are some other things that you do or don't do that are not anchored in personal experience.

DR. LONG: It has been most interesting listening to all these different concepts, but I am quite confused right now. We are talking about concepts, attitudes. They don't change behavior as such. We in education, I think, are interested in how are we going to change behavior so that the youngster will not get to this point of excessive drinking or not the proper use of drinking.

So I think we need to get back to this idea of what are we going to do with these youngsters that we are trying to help. Are we going to give them knowledge, are we going to give them concepts, are we going to try to change their attitudes? What are we going to do?

I thought the purpose of this conference was to sort of come to an understanding so that we can now go back and say we are confused, or let's get back to this and do something else.

DR. CONRAD: Perhaps we have to do all of these things.

ALCOHOL EDUCATION IN CONNECTICUT

Ruth V. Byler, Ph. D.*

In almost all the fifty states, the law gives a mandate to the public schools: Teach about alcohol. The effort and enthusiasm going into, and the results of, alcohol education, naturally vary in each state.

In Connecticut, The State Department of Education has much the same problems as other states -- but we have some unique advantages too.

The most outstanding feature of this now is the way three governmental bodies are each reenforcing the others and coordinating their work for an increase in total emphasis on alcohol education. In fact it is part of our philosophy that alcohol education is a multi-sided activity which involves and requires the participation of educators, legislators, community leaders as well as specialized professional personnel in a variety of approaches, and that because of its interrelatedness the programs must be coordinated.

A quick snapshot or polaroid picture of Connecticut shows a state with a Department of Education which has a generalized legal responsibility for alcohol education, a Department of the Mental Health with specialized treatment and educational services administered through its Alcoholism Division, still other major departments with welfare and law enforcement functions, and a special Study Commission of the legislature. Each recognizes its own unique responsibilities and is familiar with the others, -- yet each supplements and strengthens the work of the others in an active working relationship for a total state approach.

This is where we are now. But this posture by no means sprang into being overnight. We are fortunate, for example, that Yale University pioneered a modern approach to the problems of alcoholism back in the 30's, and chose to present its findings through a Summer School on Alcohol Studies in the 1940's. The Department of Education cooperated in this school, and as an outgrowth developed a prototype of a modern approach to alcohol education for schools in a State Curriculum Bulletin in 1949. A state Commission on Alcoholism also grew out of Yale's efforts. This was later incorporated into the State Department of Mental Health and is now that department's Alcoholism Division.

Over the past twenty-five years, a close, harmonious working relationship has developed many joint efforts. For example:

1. One of the first projects of the early Commission on Alcoholism and the State Department of Education was to place a basic library of reference books and materials in all public and school libraries. This was financed through the Commission funds.
2. The health educator in the Alcoholism Division has worked closely with the Department of Education in developing materials and in acting as a resource for schools. The Alcoholism Division maintains a film library for school and community use, and is the central source of alcohol literature for the state.
3. The Department of Health, The Alcoholism Division and the Department of Education have served as a leadership team for a pilot in-service workshop for teachers on Alcohol, Narcotics and Smoking.

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4. We are presently engaged in a joint effort to revise the State Curriculum Bulletin (which also will be published jointly).

5. We are currently exploring the possibilities in new instructional media such as single-concept films.

Over the years the Department of Education has come to rely more and more on the Educational Section of the Alcoholism Division for in-depth services to the schools. They in turn clear all school efforts and materials with the Department of Education. As mentioned earlier, the Department of Education has a broad responsibility for a comprehensive program of Health Education in schools and sees Alcohol Education as an integral part -- but also must keep it in perspective with other equally important aspects of health education. We are fortunate in having the support and understanding of the total school program from our co-workers in the Alcoholism Division.

One of the most important developments in alcohol education in Connecticut in recent years has been the establishment of a study commission by the General Assembly in 1961. The original purpose of the Teenage Liquor Law Coordination Commission was to persuade New York State to raise its minimum drinking age to twenty-one. Efforts in this direction, as we all know, have been unsuccessful -- but other, newly-adopted functions of the Commission have been most productive within our borders. The Commission, now the Teenage Alcohol Use Study Commission, has made a broad study of teenage drinking situation in Connecticut, calling on a wide variety of state and voluntary agencies. The Department of Education, for example, was asked to make a survey of the status of alcohol education in schools -- and the illuminating results have prompted the first change in the alcohol education law since its inception in the late 1800's. This Commission, through its recommendations to the General Assembly, has become a true catalytic agent in activating our most recent team efforts.

As we see our school problems now, they seem to resolve around five major needs:

1) helping teachers to be "comfortable" in teaching about alcohol,
2) putting in our teachers' hands the very best of materials -- textural and audio-visual,
3) adapting today's new teaching methods to the subject area of alcohol education,
4) better preparing and utilizing the counseling services of the schools to assist individual students who are starting to have drinking problems, and
5) substantially upgrading the curriculum for the well-informed students in the last two years of high school.

This is but a "snapshot", a picture of a state which has developed a means for coordinating a total state approach. Out of this collaborative effort is evolving not only a broad-based alcohol education program in our schools, but the active involvement of other agencies and community leaders which we think will be felt in other areas of coping with alcohol problems.

Discussion

MR. LEWIS: For the record, and I direct myself again to HEW, the survey that was made of the 178 Connecticut school superintendents reported that of that number 144 felt they needed better visual aids, that better visual aids should be developed; 130 felt that better resource units should be developed.

Now it strikes us that this is an area where the Federal government and this Department could give some leadership, and we would very much like to urge the Department to come forward here.

We have looked at the particular subject matter. We find that we don't have the funds. It may be a hundred thousand, a hundred and fifty thousand. We thought in terms of going to the licensed beverage industries and asking them to prepare, subject matter and then we felt that if they sponsored it, conceivably we would have problems using it throughout the state. The net result is that we feel that here is an area where the Federal government can give leadership, and leadership is very, very necessary, as indicated earlier by Dr. Todd.

DR. SILVERMAN: Is it your feeling, sir, that materials prepared for Connecticut to meet Connecticut specifications would in most cases meet the specifications of the other 49 states?

MR. LEWIS: No doubt about it. There is a need for visual aids to help the teacher present the subject matter. We find the subject matter is not necessarily being presented well because first, the teacher doesn't know how to present it well; and secondly, he doesn't have an aid, a demonstrative aid with which to present it.

We feel that leadership in this regard would be of enormous benefit. Again we go back to what we talked about earlier with Dr. Bacon -- trying to reduce, trying to slow the process. We feel that if an approach were taken in direction, it would be an enormous help.

I would think we would need three films; one for the students; second, for the adults. I do a lot of public speaking to civic groups; we have had programs, church programs; we are trying to create parent involvement. We would like very much to have a film which we could use in this regard.

And lastly, I think you need a film to instruct in-service teachers so that they would know how to present the subject. Again Dr. Byler through her offices could have instruction programs for teachers in the health field to teach this subject with a modern approach.

We have given serious thought of going to the Ford Foundation; but knowing that this program was going to be presented today, my Commission which met yesterday instructed me to make sure that we presented this to you.

MISS DI CICCO: I am not one to turn down help if Uncle Sam wants to finance a film, but I would not like to leave the impression that tools like films, curriculum teaching guides, or any more material are going to get at the core of what we are faced with right now.

DR. CONRAD: It might help quite a bit.

MISS DI CICCO: I am not sure because I don't know who will be using these materials and toward what end, and how much unanimity we have.

DR. CONRAD: Well, maybe if Dr. Russell would pay a little more attention to use of films and less to concepts--

DR. RUSSELL: Films are a good way of developing concepts.

DR. CONRAD: The ideal combination.

THE COLLEGE TEACHER

Doris Sands*

The "adolescent-young adult" is a unique title for a large segment of our population. We aren't even sure how to classify this group, what to call them. The words bring to mind a composite of the upper teen age group and because it is our habit to associate maturity with this end of the youth spectrum we often expect more of this group than they are capable of producing.

We are all aware that each individual reflects his own emotional capacity, his varied discipline training and his cultural, traditional religious and educational background which have molded his opinions and his attitudes. The locale of his home has influenced his sophistication or lack of it and his individual personality reacts unpredictably to all of these pressures. He is at variance with his own beliefs in many of his daily experiences. His self-image - how he sees himself - affects his behavior in each new situation. Will he participate, will he withdraw, shall he risk his newly found and needed prestige when he makes a new decision.

This is the young person who arrives at the college experience level and adds to his emotional burden the pressures of the expectations of his peers, his parents and his professors. He needs to prove his individuality, he desires recognition for his own accomplishments yet is afraid he will fail. His ideas and prejudices are pretty well ingrained often complicated by confusion, misinformation and inaccuracies.

The college level is too late to begin alcohol education. Our situation is compounded by the lack of early discussions on the lower levels, and students find themselves faced with the decision of whether or not to drink but unarmed with facts. And whether or not the facts have been taught they have an almost total lack of understanding of the sociological implication of indulging in excesses as well as a concomitant lack of knowledge of the emotional involvement. This is not applied specifically to alcohol only. Sex, smoking, narcotics--the so-called controversial issues all elicit the same confusion and often rebellion against the organized rules of society . It isn't enough to say premarital sex is wrong; that it gives rise to guilt feelings, to poor psychological adjustment in personal relationships, that it threatens society. The same goes for drinking at age 18 or 19 in a suddenly found freedom. The student needs to know the how and why, the effects of any behavior in order to make his value judgments. You can't teach about alcohol or any other area without the ethical, moral and social values they include.

The college community is a meeting place for many sub-groups in our culture. For the first time the majority are away from direct parental influence. In the years immediately prior the student had the comfort of being in his familiar sphere, surrounded by people just like him for the most part. Suddenly he is confronted by an overwhelming diversity of personalities and problems with demands that must be solved by him alone.

I questioned a group of students recently on their attitudes toward drinking. The girls rarely like the taste of alcohol and drink for the most part to be social. Some were distressed by the lack of concern for them by their dates. It got down to the basic fact of who would take them home if the date was unable to drive? A few of the males were unconcerned as someone would always take over for them. Now this in no way reflects the majority's views, but on the educational level we must be concerned with all the views. Involved here are teachings of social behavior, dating responsibilities, an evaluation of the motives behind drinking.

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Many adults have one set of rules for themselves and another for their children. The young are quick to emphasize this. Most realize that adults do have certain privileges not available to youth but the basic rules of honesty and integrity and morality must still apply.

The youngster who is promiscuous, who drinks to excess, who courts notoriety yearns for rules he understands and a feeling of belonging to someone or some group. And equally the one who refuses to understand that these behavior patterns do exist and reflect a need for greater understanding and examination is lacking in his sociological participation. For years fear was a motivating factor in teaching health, emphasizing the negative side. Today we use the positive approach of teaching concepts as well as the factual material, driving toward mature emotional response and evaluation and the relationship of both in decision making.

One of my students--all of 18 years--volunteered the observation that today's world offers little opportunity for individual expression! Whether he is correct or not in his assessment is one thing, but does he really think this is true? Or is he immature and unable to weigh the possibilities for himself?

My wish is for a universal educational program that presents the facts and the concepts long before the college age. Then at this level we can examine the responsibilities and privileges that come with adulthood. In a few years our students will make many judgments under varying circumstances and frequently without opportunity to study the choices with much deliberation. But if they are taught to seek the truth and weigh the evidence each decision will be a permanent learning experience.

Recently I was involved in a discussion of alcohol education in the schools. The difficulties in planning are complicated by the attitudes of the teaching staff. There is a noticeable lack of interest on the part of some teachers because alcohol "...is out of our subject area" and secondly, because it is a controversial issue and these involvements are dangerous! The administration and community must educate, and support the staff and encourage those teachers whose attitudes make them particularly suited to the task.

Discussion

VOICE: Do you think that the circumstances are different in a large university than a small one?

MRS. SANDS: No, I don't think the circumstances are different. I think you have a greater problem in that you don't have the daily contact, you don't know as much about your student because he is too busy, and so are you. I deplore this. I don't think we know enough about our students, if they have a problem, you don't know unless they come back. I think this is the biggest frustration of all.

MR. LEWIS: Do they allow drinking on the campus?

MRS. SANDS: No. In fact, we just had quite a big hassle where the president of the men's group was taken out of office because he didn't report a drinking incident fast enough. We don't allow it on the campus at all.

DR. BACON: You said they don't allow drinking. Does that also include beer?

MRS. SANDS: Yes. No alcoholic beverage.

DR. BACON: In some universities, only intoxicating beverages are banned, and beer isn't intoxicating so it gets in.

VOICE: You might be interested in knowing Missouri law defines by legislation that beer is not an intoxicant. So it has the sanctity of law.

VOICE: I have wanted to ask this all day. In all the legislative scene, there is a linkage between alcohol, narcotics and smoking. I look at the curriculum guides. There is a linkage between alcohol, narcotics and smoking. I look at the textbooks, and the same linkage. Does this have a bad effect from the standpoint of association of the three, and cause certain misconceptions in the minds of teachers, youngsters and others?

DR. TODD: Very definitely. I think we have to make a sort of concerted movement to get away from this in any present or future publications.

You are dealing with narcotics, which--except under medical prescription--are illegal, brought in by the underworld; and alcohol, which is legal in many states and circumstances. In the case of smoking, we now have a rather large and mounting body of evidence as to harmful potentials, but in the case of moderate use of alcohol there is little such evidence, if any. I think you are talking about things that have just a few baselines in common, such as--they aren't for youngsters, they aren't for the immature, they need to be controlled, and they have dangerous potentials. But we could also add to that list a whole list of other commodities, if you will.

VOICE: Doesn't that linkage come from all those laws that were written between 1860 and 1890?

VOICE: That is exactly right.

VOICE: And we never stopped to break them up.

VOICE: And you can hardly publish a textbook unless you have this linkage.

MISS DI CICCO: I would like to say that the content, too, hasn't varied that much from that of the 1890's. Some texts that are very good in other areas have not really changed basically. The most blatant misinformation is repeated from book to book.

DR. CONRAD: Time is growing short. I would like to thank the speakers and also the participants.

I will turn the meeting back to Dr. Silverman.

CONCLUSION

Milton Silverman, Ph. D.*

Normally this is the end of the conference. Our grateful appreciation goes to all the participants, to the Office of Education for doing more than its share to make it possible, to the other agencies of HEW which collaborated and especially to two people, Elsa Schneider of the Office of Education and Edward Sands of the Secretary's Office, for their help.

If this were actually the end of the conference, the conference itself would be a total failure, and most of us would have wasted most of our time. But I am hopeful that what we did today marks only another beginning, that it will be followed by a good many more conferences, formal and informal, in your own towns and offices and your own homes, which will carry on from where we are stopping temporarily, here tonight.

We are hopeful that you will send us your advice and your counsel on the role that can best be played by Federal and state agencies, on what government can do to help you do your job.

And on this note I would like to add my own humble but very warm thanks to those of the President and the Department of Health, Education and Welfare. We are grateful to all of you for coming. We wish you Godspeed back home.

The meeting is adjourned.

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Conference on "Alcohol Education" March 29, 1966

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